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ABSTRACT

One of a series of four volumes on child care, this overview furnishes information for operators or potential operators of child care centers, with special attention paid to organizational features that foster efficient operation. Chapter One discusses goals for the care of preschool children and describes and assesses the extent to which goals were met in 19 day care centers which were studied in depth. Tables provide basic data on these centers and include information on background; notable elements; child, staff and family characteristics; and estimations of funding and expenditures for 1970-1971. Chapter Two discusses factors involved in the effective operation of a center and presents detailed recommendations. Designs are presented for three prototype centers serving respectively 25, 50 and 75 children in average daily attendance. These designs detail center organization, staffing, operation, and finance. Chapter Three gives specific information about the provision of services beyond a core program for preschoolers. Both operations and finances are discussed. Reference is made to appropriate case studies. Appendixes give further information on working with staff, core programs, staff duties and daily schedules for the prototype centers. Regional adjustments are suggested for the model budget. (NH)

DAY CARE PROGRAMS
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VOLUME III: COST AND QUALITY ISSUES FOR OPERATORS

coordinated by

Lynn C. Thompson

from

A STUDY IN CHILD CARE

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Stephen J. Fitzsimmons, Ph. D.
Project Director

Cambridge, Massachusetts
April 1, 1971

INTRODUCTION

Volume III of A Study in Child Care 1970-71 furnishes information intended for operators or potential operators of child care centers. Special attention is paid to organizational features which foster efficient operation. Designs are presented for three prototype centers serving respectively 25, 50 and 75 children in average daily attendance.

Companion Volumes

Findings, Volume I, provides an overview, presenting what we learned about child care as a result of this study. It also includes a brief introduction and cost data for each of the centers and systems. Volume II presents twenty Case Studies describing thirteen child care centers and seven child care systems. Each study is a complete "story" of a child care project as it was operating in November 1970. Individually, these studies try to capture the mood, atmosphere, people and programs as they were providing care for children and families across the country. Volume IV is the Technical volume, concerned with research methods, data collection and analysis. This volume reviews the overall approach taken to defining quality child care, the selection criteria by which centers were chosen for the study, the topics studied, the development of the observation guides, the field study itself, and the types of analysis performed.

ORGANIZATION OF VOLUME III

Volume III is divided into three chapters. Chapter One presents a discussion of goals for the care of preschool children and findings describing 19[1] of the twenty centers and assessing the extent to which goals were met in the centers observed. It briefly indicates some relationship between the actions of center staff and the behavior of children. Chapter Two presents a discussion of considerations we found important to center operation. It emphasizes key factors which must be considered if a center is to operate effectively and presents detailed recommendations regarding center operation. In part B of Chapter Two designs are developed and presented for three basic programs for preschool children. These designs consider center organization, staffing, operation, and finance in detail. Budgets, organization charts and sample schedules are presented. They provide functional descriptions of center operations and a basis for staff deployment. (Detailed recommendations for working with staff, job descriptions and staff schedules are presented in Appendices A-D.)

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[1] One center (Syracuse) served only infants and toddlers. The discussion therefore is based on the 19 centers providing care for preschoolers.

Chapter Three presents detailed information concerning the provision of services beyond a core program for preschoolers. Both operations and finances are presented and the reader is referred to appropriate case studies.

Having chosen a center size, the potential center operator can use Chapters Two and Three as a basis for planning the operation of a center, setting up the organization, preparing tentative budget, etc. The potential operator should also read case studies appropriate to those programs which will be included in the planned center.

Study Procedures in Brief

This study of quality child care began in July of 1970. Five phases took place prior to the final field visits in November:

1. Locating a large sample of quality centers
2. Conducting a preliminary survey of these centers
3. Choosing 42 centers to study in greater depth
4. Conducting on-site visits to the 42 centers
5. Selecting 20 centers for inclusion in the major study.

The original list of centers to be considered for quality elements was taken from nominations by OEO, HEW, the National Federation of Settlements and Neighborhood Centers and leading individuals in the field of child care. This list was expanded to include nominations from the Department of Labor, the Child Welfare League, the Urban League, and the Day Care and Child Development Council of America, for a total of 132 recommendations.

Through telephone contacts, questions were asked to reveal quality in four areas of operation: child development, job development and training, health services, and general social services. Centers were then grouped according to six features: age group of children served, total enrollment, ethnicity, operating agency, special case characteristics and estimated cost per child year. The result was 42 projects from all parts of the country, representing various ethnic, cultural and economic backgrounds having high quality in the four areas mentioned above.

After the on-site visits, twenty centers were selected which could best contribute to the study's final project: a set of quality program case studies and descriptions of particular quality elements in operating programs for use by day care practitioners. Final selection was based on overall project quality, presence and variety of quality program elements, and coverage of "special case" situations.

Final Field Visits

The final field visits included one field monitor from the Abt staff and four observers from the centers themselves, for each of five regions. The decision to utilize day care practitioners as observers was based on the following two considerations:

1. An experienced day care teacher or director is already "trained" in the basic operations of child care.
2. The study will benefit from the inclusion of practitioners and center and individual observers should benefit from seeing other programs in operation.

Directors were given the following criteria for selecting participants from their centers: a person they would like to have observing their own center for a week; someone they felt would benefit from observing other centers to the advantage of their own center; someone who could grasp fairly technical methods of observation and analysis.

The five Abt monitors spent one week training the field observers in the goals and objectives of the entire study and in the use of the observation guides and techniques. The field work itself was conducted during the weeks of the second and the ninth of November. During this period, field workers were scheduled in two-man teams. No worker visited his own center and the composition of each two-man team was changed at the end of the first week. They were responsible for interviewing administrators, teachers and parents as well as doing classroom observations. Field monitors spent some field time with each of the two centers being visited in their region during a given week. During this time they were primarily responsible for the administration of the cost observation guides.

At the end of each week the observers and field monitors met for a debriefing session, and at the end of the second week all of the field monitors returned to Cambridge for a final debriefing with the Abt and OEO staff and for final case study writing.

Basic Data on Centers

The following four tables are provided for the reader with brief interpretations, presenting basic data on the twenty child care centers studied. The data concerns:

- -- General Information on the programs
- -- Notable Elements of these programs
- -- Distributions of child, staff and family characteristics
- -- Estimations of funding and expenditures for 1970-71

Table I -- General Information: Table I presents a quick summary description of the centers studied. Sponsorship includes all segments of the economy. Most of the centers serve poverty populations. This fact is somewhat surprising, for although OEO funded the study, the centers were not in general explicitly selected because they served poverty populations.

Centers offering programs for all age ranges are included, though the bulk of the services offered are for pre-schoolers.

Table II -- Notable Elements: Table II details the exemplary features of the centers studied. The failure to cite a center as having an exemplary feature does not necessarily mean that the center was of low quality in that respect, but rather that compared to other programs and to other features in that center it was more informative to feature something else. Similar features have also been combined under general headings. We note that parent or community participation was broadly represented as exemplary, as was staff and career development. This finding is in accord with the fact that so many centers serve poverty populations.

Table III -- Distributions: Table III presents capsule statistics describing each center. We note that centers tended to be moderate in size, although some very large systems were represented. Adult/child ratios and contact-hour ratios tended to be quite favorable[1] (few children per staff). Contrary to expectation, child care is not primarily offered to children in single-parent households. A substantial number of complete families are represented.

Centers served a variety of ethnic groups, although considering center size, the largest number of children were Black. Blacks are, however, seriously under-represented on center staffs. Quality child care centers are not unlike other institutions in society, and also appear to be somewhat slow to hire minority group members.

Table IV -- Estimated Funding and Expenditures: Table IV summarizes center budgets. It provides expenditures, income and functional allocation of funds for each center or system. Unweighted center and system averages are also presented, although one should exercise care in interpreting them.

---

[1] The number of children is given in terms of Average Daily Attendance (ADA) rather than enrollment. The number of staff is given in terms of full-time equivalent staff (FTE), including volunteers. Forty hours of staff effort counts as one FTE. Thus, one FTE could represent one person working 40 hours, two persons working 20 hours each, etc.

We note considerable variations in costs per child, but in most cases they were somewhat higher than those usually cited in discussing child care. In part, this is due to the fact that a substantial portion of center costs are defrayed by using donated time and equipment. These donations were counted as expenditures. There are two reasons for this:

1. Experience with other programs indicates that as the supply of child care expands volunteers, donated space, etc., will become scarce.

2. These donations do constitute a cost to society and are real, even though it is not common to consider them.

Another reason that the cost per child appears somewhat high is because yearly and hourly costs are based on average daily attendance rather than enrollment, in order to represent cost of services actually delivered. For information on adjusting cost figures for regional variations, see Volume III of this study.

Table I

General Information

		Centers													Systems						
		Amalgamated	*American*	*Avco*	*Casper*	*Cantral City*	*Fifth City*	*Georgetown*	*Greeley*	*Haight-Ashbury*	*Holland*	*Syracuse*	*Ute*	*West 80th*	*Berkeley*	*Family Day*	*Kentucky*	*Mecklenburg*	*Neighborhood*	*N.R.O.*	*Springfield*
		AMAL	**AMER**	**AVCO**	**CASP**	**CENT**	**5TH**	**GEO**	**GREE**	**H-A**	**HOLL**	**SYRA**	**UTE**	**W80**	**BERK**	**FAM**	**KENT**	**MECK**	**NEIGH**	**N.R.O.**	**SPRI**
A. Sponsorship																					
Private Non-Profit	*Total 14*	●		●	●		●	●	●	●	●	●		●			●		●	●	●
Private Profit	*1*		●																		
Public	*5*					●							●		●	●		●			
Headstart Affiliate	*6*					●			●		●		●				●			●	
B. Admission Criteria																					
Poverty	*18*	●		●	●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●
Non-Poverty	*10*	●	●	●	●		●	●		●				●	●						●
C. Programs																					
Infants	*6*			●			●					●				●			●	●	
Toddlers	*10*			●	●		●			●		●		●		●		●	●	●	
Pre-School	*19*	●	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	●
School-age	*7*				●		●								●	●		●	●		●
D. Hours																					
A.M.		6	7	7:30	7:30	7:30	8	7:30	8	7	7:30	7:30	7:30	8	— Center Hours Vary within Systems —						
P.M.		6	6	6	6	5:30	4	4:30	4	6	4:30	4:30	5	6							
E. Days Open	*Average 248*	250	250	247	250	250	225	250	250	250	255	244	250	246	247	254	238	254	253	248	250
Full Day	*Total 20*	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Half Day	*7*		●				●					●				●			●	●	●
Summer Program	*3*				●												●			●	

Table II

	Centers													Systems						
	Amalgamated	*American*	*Avco*	*Casper*	*Central City*	*Fifth City*	*Georgetown*	*Greeley*	*Haight-Ashbury*	*Holland*	*Syracuse*	*Ute*	*West 80th*	*Berkeley*	*Family Day*	*Kentucky*	*Mecklenburg*	*Neighborhood*	*N.R.O.*	*Springfield*
Notable Elements	AMAL	AMER	AVCO	CASP	CENT	5TH	GEO	GREE	H-A	HOLL	SYRA	UTE	W80	BERK	FAM	KENT	MECK	NEIGH	N.R.O.	SPRI
A. General																				
Sponsorship	●		●				●													
Parent and/or Community					●	●		●	●		●	●	●			●				
Volunteers				●												●				
Home Care															●		●	●		
B. Basic Care																				
Educational Program:																				
Curriculum	●	●				●			●		●		●						●	
Bilingual/Bicultural					●							●								●
Staff: *Training, Quality, Career Development*			●		●	●			●						●	●		●	●	
Administration: *Planning, Positions, Stability*		●												●	●			●		
Other: *Financial Management, Making Do, Nutrition*	●	●													●		●			
C. Varying Core																				
Health, Remedial Care	●			●	●		●										●			
Transportation															●					
D. Occupancy																				
Plant, Facilities		●										●							●	
E. Supplemental (Social Services)					●											●		●		

Table III

Distributions

Centers

	Amalgamated AMAL	American AMER	Avco AVCO	Casper CASP	Central City CENT	Fifth City 5TH	Georgetown GEO	Greeley GREE	Haight-Ashbury H-A	Holland HOLL	Syracuse SYRA	Ute UTE	West 80th W80
A. Overall													
Total Children A.D.A.	54	118	27	77	55	197	10.5	38	54	66	92	22	38
Total Staff F.T.E.	12	17	7.6	18.4	14.3	33.6	3.1	8	27.6	17	43	9.2	15
Total Volunteers F.T.E.	0.5	1	1.3	9.1	0.9	13	1.1	4	7	1	0	1.3	2
Adult/Child Ratio	1/4.5	1/6.5	1/3.9	1/4.3	1/3.5	1/5.6	1/3.6	1/3.3	1/2.2	1/3.4	1/2.3	1/2.7	1/2.8
Adult/Child Contact Hour Ratio	1/4.9	1/9.4	1/5.5	1/5.9	1/5.6	1/7	1/4.2	1/5.5	1/4.1	1/5	1/4.2	1/3.6	1/4.5
B. Sex													
Children:													
Male	52%	56%	50%	57%	47%	57%	64%	51%	52%	60%	49%	53%	45%
Female	48%	44%	50%	43%	53%	43%	36%	49%	48%	40%	51%	47%	55%
Staff:													
Male	33%	11%	33%	0%	21%	21%	0%	17%	30%	11%	18%	11%	25%
Female	67%	89%	67%	100%	79%	79%	100%	83%	70%	89%	82%	89%	75%
C. Family Status													
Complete	85%	81%	58%	11%	15%	49%	64%	51%	17%	43%	23%	80%	60%
Mother Only	15%	18%	42%	85%	77%	45%	36%	49%	77%	55%	77%	14%	20%
Father Only	-	-	-	-	-	3%	-	-	4%	-	-	-	5%
Surrogate	-	1%	-	4%	8%	3%	-	-	2%	2%	-	6%	15%

Systems

	Berkeley BERK	Family Day FAM	Kentucky KENT	Mecklenburg MECK	Neighborhood NEIGH	N.R.O. N.R.O.	Springfield SPRI
A. Overall							
Total Children A.D.A.	269	3570	787	239	1072	425	106
Total Staff F.T.E.	93	1568	171	59	269	154	31
Total Volunteers F.T.E.	10	0	(1)	14.25	0	38	8
Adult/Child Ratio	1/2.8	1/2.1	1/3.4 (2)	1/5	1/3.5	1/3.2	1/3.4
Adult/Child Contact Hour Ratio	1/5	1/2.6	1/6.7 (2)	1/6	1/4.3	1/4.6	1/5.7
B. Sex							
Children:							
Male	47%	50%	47%	55%	49%	52%	(3) 42%
Female	53%	50%	53%	45%	51%	48%	58%
Staff:							
Male	12%	3%	(1)	0%	2%	0%	20%
Female	88%	97%	(1)	100%	98%	100%	80%
C. Family Status							
Complete	25%	25%	73%	15%	15%	99%	32%
Mother Only	65%	75%	21%	81%	75%	.5%	62%
Father Only	5%	-	1%	2%	-	.5%	-
Surrogate	5%	-	5%	2%	10%	-	6%

(1) Insufficient data

(2) Does not include volunteer hours. Auxier Center ratios are 1/2 and 1/3 (contact hours) including 120 volunteer hours/week

(3) Remaining data for Brightwood Center only

Table III (Continued)

	Centers													Systems						
	Amalgamated	*American*	*Avco*	*Casper*	*Central City*	*Fifth City*	*Georgetown*	*Greeley*	*Haight-Ashbury*	*Holland*	*Syracuse*	*Ute*	*West 80th*	*Berkeley*	*Family Day*	*Kentucky*	*Mecklenburg*	*Neighborhood*	*N.R.O.*	*Springfield*
	AMAL	**AMER**	**AVCO**	**CASP**	**CENT**	**5TH**	**GEO**	**GREE**	**H-A**	**HOLL**	**SYRA**	**UTE**	**W80**	**BERK**	**FAM**	**KENT**	**MECK**	**NEIGH**	**N.R.O.**	**SPRI**
D. Parent Employment																				
Employed	100%	81%	90%	75%	58%	58%	100%	(1) 36%	67%	39%	44%	(2)	71%	(3)	(2)	36%	60%	66%	(4) 95%	(5) 39%
Unemployed	-	15%	5%	3%	13%	33%	-	25%	17%	10%	6%	-	3%	-	-	60%	21%	9%	4%	8%
School or Training	-	4%	5%	18%	29%	6%	-	9%	14%	2%	19%	-	26%	-	-	4%	19%	25%	1%	20%
Not Seeking Work	-	-	-	4%	-	3%	-	30%	2%	49%	31%	-	-	-	-	-	-	-	-	33%
E. Ethnicity - Children																				
Anglo	26%	91%	12%	88%	23%	22%	50%	4%	30%	40%	35%	13%	15%	42%	4%	96%	24%	17%	6%	28%
Black	42%	7%	88%	3%	32%	78%	43%	-	54%	8%	65%	-	35%	56%	63%	4%	76%	77%	1%	13%
Chicano	19%	-	-	3%	39%	-	-	96%	6%	49%	-	-	28% (6)	1%	31% (6)	-	-	6%	90%	-
Indian	-	1%	-	5%	5%	-	-	-	-	-	-	87%	-	-	-	-	-	-	3%	-
Oriental	-	1%	-	-	1%	-	7%	-	6%	-	-	-	-	-	-	-	-	-	-	-
Puerto Rican	4%	-	-	-	-	-	-	-	-	3%	-	-	-	-	-	-	-	-	-	56%
Other	9% (6)	-	-	1%	-	-	-	-	2%	-	-	-	22%	1%	2%	-	-	-	-	3% (6)
F. Ethnicity - Staff																				
Anglo	53%	80%	17%	89%	43%	75%	100%	23%	37%	39%	57%	33%	12%	56%	(7)	(3)	50%	20%	10%	20%
Black	27%	20%	83%	-	21%	25%	-	-	63%	5.5%	43%	-	69%	38%	-		50%	76%	-	30%
Chicano	13%	-	-	11%	36%	-	-	67%	-	50%	-	-	-	-	-	-	-	4%	90%	-
Indian	-	-	-	-	-	-	-	-	-	-	-	67%	-	-	-	-	-	-	-	-
Oriental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerto Rican	7%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30%
Other	-	-	-	-	-	-	-	-	-	5.5%	-	-	19%	6%	-	-	-	-	-	20% (6)

(1) Mothers only

(2) 100% employed, in school, or in training

(3) Insufficient data

(4) In season

(5) Data for Brightwood Center only

(6) Spanish-speaking

(7) Principaly Black, Spanish-speaking

Table IV

1970-71 Estimated Funding and Expenditures

	Centers														Systems							
	Amalgamated	*American*	*Avco*	*Casper*	*Central City*	*Fifth City*	*Georgetown*	*Greeley*	*Haight-Ashbury*	*Holland*	*Syracuse*	*Ute*	*West 80th*	AVERAGE	*Berkeley*	*Family Day*	*Kentucky*	*Mecklenburg*	*Neighborhood*	*N.R.O.*	*Springfield*	AVERAGE
	AMAL	AMER	AVCO	CASP	CENT	5TH	GEO	GREE	H-A	HOLL	SYRA	UTE	W80		BERK	FAM	KENT	MECK	NEIGH	N.R.O.	SPRI	
A. Summary Data																						
Cost per Child/Hour	$1.42	$.59	$1.08	$.62	$1.18	$.75	$1.38	$.89	$1.71	$1.37	$2.06	$1.59	$1.90	$1.27	$1.93	$.92	$1.37	$.83	$.57	$.58	$1.12	$1.05
Cost per Child/Year	$2925	$1295	$2453	$1438	$2442	$1301	$2933	$1445	$3895	$2590	$3517	$3604	$4147	$2614	$3055	$2287	$2663	$2036	$1170	$1509	$2197	$2131
Percent Budget for Personnel	81%	65%	62%	81%	79%	78%	75%	81%	81%	70%	77%	78%	73%	75.5%	83%	75%	72%	77%	71%	80%	75%	76%
B. Sources of Revenue																						
Federal					55%				54%	14%	88%	67%		21%	6%		80%	58%		80%		32%
State and Local			21%	5%	20%			44%	14%	62%			70%	18%	85%	80%		20%	68%	8%	5%	38%
Parent Fees		100%	30%	27%			22%						5%	14%	6%			1%	10%		48%	9%
Other	98%			15%		36%	53%	5%	8%	3%	10%			18%	2%				19%		35%	8%
In-Kind	2%		49%	53%	25%	64%	25%	51%	24%	21%	2%	33%	25%	29%	1%	20%	20%	21%	3%	12%	12%	13%
C. Total Budget ($1000's)	158	133.4	65	110.7	134.3	256.2	30.8	54.9	208.4	170.9	323.6 (1)	78.5	168 (2)	139.	821.9	8163.	1217.	486	1088.	641.2	232.3	1807.
D. Expenditures																						
Teaching & Child Care	56%	48%	52%	48%	43%	69%	70%	35%	46%	47%	37%	39%	54%	50%	52%	39%	26%	48%	40%	44%	44%	42%
Administration	14%	23%	15%	24%	18%	11%	9%	27%	16%	8%	17%	19%	11%	16%	28%	27%	16%	23%	22%	18%	20%	22%
Feeding	10%	11%	9%	13%	6%	9%	10%	11%	12%	15%	6%	19%	7%	11%	7%	23%	10%	14%	14%	15%	11%	13%
Health	4%	0%	2%	1%	8%	1%	0%	9%	7%	4%	3%	14%	3%	4%	1%	3%	1%	1%	2%	6%	1%	2%
Occupancy	16%	18%	22%	14%	11%	10%	11%	12%	12%	14%	9%	9%	12%	13%	9%	3%	10%	12%	19%	12%	19%	12%
Other: *Transportation, Social Services, etc.*	0%	0%	0%	0%	14%	0%	0%	6%	7%	12%	28%	0%	13%	6%	3%	5%	37%	2%	3%	5%	5%	9%

(1) 429 including Research

(2) 155.5 excluding Growth Costs

CHAPTER ONE

PART A: QUALITY CHILD CARE

1. What is Quality Child Care?

Child care, at the simplest level, is the partial upbringing of children outside their own homes. Child care can serve a number of ends. It can give children contact with a wider range of peers and experiences than they might have at home. By freeing parents to work, it can increase the productive labor force and reduce the tax burden of public welfare. In addition, it can provide a focus for comprehensive community services.

A primary consideration for quality child care is the adequacy of care the child receives. The child care center operator is responsible for children - for their protection, feeding, health, recreation and, perhaps most important, their education and character development. When children spend six to ten hours a day in a child care center, education and character development cannot be left to themselves: whether they wish to or not, the adults at the center affect the children, and the influence of parents is diminished. Therefore, goals must be set for the care of children and an effort made to achieve these goals through the conscious behavior of center staff. If child care is to serve parents, or the community, or society, it must first serve children.

It may seem rather artificial to list formal goals for the upbringing of children - and parents do a pretty good job of it without a lot of self-conscious introspection. But few adults have experience with raising children in large groups, and a parent can only rely on the informal training of his own upbringing. A group setting, staffing, management and funding problems all introduce constraints and demands on a child care center staff which, in a sense, compete with natural desires in the care and raising of children. So it seems worthwhile to develop a set of goals and behaviors by which center staff can periodically assess how adequately they are caring for the children.

What should a good child care center try to do for children? On one level, there are probably as many answers to that question as there are children, parents and child care centers. But on a more general level, we have found a fairly consistent set of overall concerns or goals. Primarily relevant to pre-schoolers between the ages of three and six, they are:

A. Meeting Physical Needs
B. Meeting Emotional Needs
C. Aiding Readiness for Future Learning
D. Letting Kids be Kids

Let's look at them a little more closely.

A. Meeting Physical Needs

Basic physical needs require little discussion. In any child care center, children should be fed adequately; care should be taken to prevent the spread of communicable diseases (through adequate toilet, washing and cooking facilities, sanitary procedures and precautions, and so on); and children should be protected, through an adequate physical environment and adult supervision, from discomfort or danger due to safety hazards and inclement weather.

B. Meeting Emotional Needs

Some child care operators might find it pretentious to speak of a center meeting a child's emotional needs. Certainly there would be a good deal of dispute over what constitutes a complete list of such needs. But there is ample evidence[1] that when raised in extreme group settings, children's normal personality development has been impaired. Most parents, educators and psychologists would feel it important to meet at least two broad kinds of need: a need for security, love and attention, and a need for guidance and limits.

Meeting a child's need for security (we call it "tender loving care") can help a child find a balance in which a sense of basic trust in people and in the world outweighs feelings of fear, suspicion and helplessness. Meeting a child's need for guidance and limits can lead not only to peaceful and predictable relationships between the child and those around him, but can also foster an inner sense of certainty and freedom.

The center's goal, in meeting these emotional needs, obviously cannot be to replace the family nor to compete with the family for the child's loyalty. Rather, the center must find a way to cooperate with the parents, temporarily sharing responsibility for the child during that period of his life when he attends the center, and providing another place where the child can feel at home.

C. Aiding Readiness for Future Learning

All parents, regardless of their feelings about how children should be raised, expect child care to foster the development of skills and attitudes necessary for future learning. At a minimum, a child care facility should do at least as well as parents in preparing the child to learn. A child normally learns a number of skills in his pre-school years. Some important ones are:

a. cooperation and sharing
b. self-control

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[1] See, for example, Bowlby, J., Attachment, Vol. I, New York, Basic Books, 1969.

c. self-reliance
d. language and communication skills and
e. curiosity and motivation to learn.

D. Letting Kids be Kids

We feel it is essential that this last goal be explicitly included in our list because there is a real danger that children cared for in groups may be over-supervised and over-regulated. Letting kids be kids means allowing them to do things their own way, even though it may be messier, slower or less skillful than the adult way. It also means letting kids cry, laugh, shout, sit quietly, run around wildly, join in or watch from the sidelines. Given opportunities for self-direction and energy release, children tend to be more relaxed and are able to identify their own needs, interests and skills.

Individual centers would undoubtedly have their own goals to add to our list, depending on the special needs of their children and the wishes of their parents. So far we have been discussing what a good child care center should try to do for its children. Let's look now at how the nineteen[1] quality centers we studied met these goals for pre-schoolers.

2. Quality of Centers Observed

At first glance, the goals listed above don't seem very ambitious. They are not very different from what most parents can and do provide for their children. Yet a wealth of informal observation and formal research shows that many who are providing child care, at home and in the community, are having trouble achieving these goals. Even centers as carefully selected as the nineteen we observed are not meeting all of these goals.

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[1] Although twenty centers were studied, one center (Syracuse) served only infants and toddlers. Infant care is discussed in Chapter Three.

A. Meeting Physical Needs

Some centers are outstanding in meeting these needs and others could be improved. On the whole, children were well fed and their safety was assured. Centers varied widely in their physical facilities. Some were housed in new, specially designed building, and some were in rather shabby quarters. However, these variations were never so extreme that children seemed to especially profit or suffer. Medical programs varied so much that descriptive generalizations would be misleading.[1]

B. Meeting Emotional Needs

A good deal of criticism of child care is focused on this area - with good reason. As we mentioned, studies of children raised in institutions have found that in some cases children have not developed normal personalities. It is to avoid such damage that the Federal Interagency Guidelines and many state licensing requirements call for what otherwise might seem to be an extreme ratio of staff to children.

We made detailed observations of children and staff in classrooms, at play, at mealtime, and at arrival and departure from the centers. Our findings were generally good.[2]

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[1] Medical and compensatory nutrition programs are discussed in Chapter Three.

[2] Detailed descriptions of the procedures and selected statistical summaries can be found in Volume IV of this report. Case studies presented in Volume II give a more impresionistic view.

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a. Observations of Children

In most centers, the children clearly were happy. They were enjoying their experience, laughing spontaneously or playing contentedly. Conversely, crying and other signs of distress were almost totally absent.

Children were not fearful nor did they withdraw and avoid contact with others. Virtually no fear was observed. During periods of play, the average child was withdrawn less than one minute per hour. In no center was the average child withdrawn more than four minute in an hour.

In most centers children were self-reliant. They helped take care of themselves and other children. We observed children in situations such as dressing to leave the center, cleaning up after messy activities, at snack time and in other activities. In about a third of such situations the children were taking responsibility for themselves or helping others. There was some variability among centers here. In the lowest scoring center, such self-reliance was shown only 5% of the time; in the highest scoring center, it was seen 70% of the time.

Children worked and played with each other. On the average, children spent about half their play time in cooperative play.

Children cared about what they were doing. A child was seen showing pride or seeking approval for accomplishments once an hour, on the average. There was also some variation here. In a typical class of 15 children, between 5 and 26 such behaviors would be observed in an hour.

About 70% of the parents interviewed reported that they noticed positive changes in their children following enrollment in the child care centers.[1]

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[1] For examples of statements made, see the case studies in Volume II of this report.

b. Observations of Adults

The adults' role in a child care center is usually seen as that of description, teaching, supervising play, cooking, managing, diapering, and so on. (Such task descriptions are found in Chapter Two of this volume; see also the case studies in Volume II for more detailed impressionistic accounts.) It is also useful to look at the nature and quality of adult interaction with children. Although the exact nature of the interaction depends on the child, the adult, the situation and the center's own curricula and philosophy, there are certain general classes of behavior which are highly relevant.

We observed the staff in these centers as they led and taught the children and classified their interaction with children in terms of its nature and quality. We found that in our nineteen centers, staff behaviors which are thought by child development specialists to be good for children (i.e., praise, attention), were frequent, and those which are thought to be damaging (i.e., hostility, ridicule), were rarely seen if at all. Staff in good centers do, in fact, find it desirable and practical to deal with children according to accepted child development theory.

We saw a great deal of individual attention (one-to-one interaction). In free play situations, the typical child spent an average of five minutes an hour interacting with an adult. The amount of one-to-one interaction was fairly constant across most centers and was not particularly affected by the number of children an adult was caring for. Adults spent the necessary time. In many centers it was quite high. Even in a center where an adult is only caring for 5 children, she would be spending 25 minutes of every hour working with children individually.

Adults also paid attention to what children were doing. When a child misbehaved, asked for assistance, followed an adult, sought comfort or clung to the adult, the adult usually responded. We observed such child behaviors, which are frequent, in a variety of settings: in classrooms, at play, at arrival and departure. Typically, more than 58% of these behaviors were attended to. When you consider how often these things occur, it is clear that such attention takes a considerable proportion of staff time. In centers with unfavorable staff/child ratios, this did indeed pose a problem.

Since the nature of the response is obviously as important as the fact of responding, we also classified this aspect of interaction. The majority of responses (54%) were active and beneficial - putting fighting children to work on a cooperative task, providing constructive alternatives, talking about a child's work with him, and so on. Centers ranged from a low of 29% to a high of 95% in beneficial responses. Punishment and ridicule were never observed at most centers. Over several hours of observation, the maximum number of such instances we saw was 8. Typically, less than 40% of adult responses to misbehavior took the form of yelling or simple physical intervention, although in two centers, 100% of the responses were of that nature. On the other hand, in three centers no such responses were observed.

We impressionistically rated all of the adult responses to the selected child behaviors as warm, neutral or cold. We saw very few "cold" responses. In two-thirds of the centers, no such responses were observed, and in only two centers were more than 10% of the responses classified as cold. By contrast, typically more than half of the responses were warm. In fifteen of the nineteen centers, the proportion of warm responses was between 33 and 75%.

It is important to note that the emotional content of interactions tends to be related to the number of interactions. Centers characterized by a high rate of interactions tended to have a lower proportion of warm responses and a higher rate of cold responses than other centers. In contrast, centers with a low rate of response tended to be very warm when they did respond. This should not be confused with the content of the responses - beneficial, negative or inadequate. We are referring here only to the emotional content of the response. Our findings suggest that center staffs must practice an internal economy in dealing with children. Most staff strike a balance between giving warmth and attending to every situation. But if one aspect is high, the other must be low.

C. Aiding Readiness for Future Learning

For pre-school children, the single most important source of physical and intellectual growth is play. Luckily, even under minimal conditions, young children spend most of their active hours of the day manipulating and building things, making believe, running and climbing.[1] By providing a judicious variety of toys and equipment, a center directly stimulates intellectual development.

Centers provided a range of simultaneous activities. This was seen as helping children develop self-reliance and an ability to choose for themselves. Typically, four activities were going on in a given room. Children could direct their own activity and thereby gain a sense of control over their own destinies.

We surveyed the equipment typically available in our quality centers, dividing them into the following categories: language (books, word cards, etc.), music (instruments, records, etc.), art (paints, crayons), messing (water and sand toys), make believe (trucks, dolls, clothes), concepts (sorting, stacking toys, puzzles), small-muscle (blocks, beads), and large-muscle equipment (jungle gym, tricycles). All centers had adequate equipment in most of these categories. The equipment was not always expensive and was sometimes worn. Several centers made creative use of common materials such as cartons and cans to provide interesting play equipment for children.

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[1] See case studies, Volume II, for more detailed descriptions of children's activities in child care centers.

Adults made wide use of opportunities for informal language training. Typically, slightly more than half their time was spent reading to children, encouraging them to name objects, to talk about what they were doing, and to express their requests in words.

D. Letting Kids be Kids

Adults seldom interfered in children's activities. Our observations indicate that staff intruded on a child a maximum of once every 24 minutes. In a typical center, intrusions into a child's activity occured less than once an hour.

Summary

Ordinarily, in a study of both high and low quality centers, we might be able to determine whether children's responses to adults were different in centers of different quality. The group of centers observed was not so selected, but they did vary enough to give some indication of the effects of the variables examined.[1]

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[1] The statistical techniques used are described and tables presented in Volume IV of this report.

Where adults responded to children's behavior in an appropriate, beneficial manner:

a. children were happier, exhibiting more spontaneous laughter and contented play;

b. visible unhappiness - crying or other signs of distress - was less frequent;

c. children exhibited more self-reliance (i.e., dressing themselves and helping with tasks); and

d. children exhibited more task mastery (i.e., pride in their accomplishments).

Where adults intruded frequently into children's activities, we saw:

a. more withdrawal from activities and interaction with others than in other centers; and

b. less cooperative play than in other centers.

PART B: FACTORS IN DESIGNING A QUALITY PROGRAM

How do you set up a center to deliver the kind of care we've been discussing? To summarize, we found that quality care included:

- spending adequate amounts of time in one-to-one relationships with individual children,
- responding appropriately when a child expresses a clear need,
- redirecting harmful, inappropriate or aggressive behavior into more constructive channels,
- acting in these situations in a warm way,
- offering children choice in activities and allowing for self-directed play, and
- providing stimulation for intellectual growth and mastery of language.

We also found avoidance of clearly harmful practices, such as ridiculing children, acting frequently in a cold or hostile manner, intruding unnecessarily in children's play, and interfering with behavior without adequate explanation or redirection.

There are, of course, a great many things to consider in setting up a child care center; one must decide how the center will be financed, staffed, governed and organized. Most of these factors are treated in Chapter Two, where we describe in detail the organization and operation of typical centers. In this section, we focus more narrowly on the aspects of center operation which are likely to directly affect the quality of child care, aspects which the operator can, to a large extent, control. We also describe how the quality centers in our study handled these aspects of center operation. We offer not an absolute set of rules to be followed rigidly, but a checklist of factors which will often be useful to the operator in helping him decide whether his center is organized to provide care in the best way possible.[1]

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[1] The reader will note that one major factor is not considered in this section: overall cost per child. The cost question is treated in detail in Chapter Two of this volume.

1. Staff Deployment

Quality care requires that adults be able to watch individual children and respond to their needs at strategic moments. The way classes are organized and the way staff are deployed in the classroom critically determine how accessible staff are when children need help or comfort. Different styles of staff deployment can also make it easy or difficult for staff to keep track of what particular children are doing. Similarly, the way time is organized either helps or hampers the staff's ability to follow through a consistent sequence of behavior. For example, in disciplining a child, the adult needs to be able to spend time explaining to the child why he is being stopped and/or seeing that the child gets started on a more constructive activity. Moreover, the teacher needs to be able to devote extended periods of time to individual children. These things can either be facilitated or made more difficult by the way the center is organized and programmed.

Giving quality care can be very difficult for the harried teacher. Even the best of teachers will have a hard time dealing with individuals if she must supervise large numbers of students at once, or if much of her time is spent on duties other than teaching. Attention should therefore be given to staff-child ratios, size of classes and time staff spends in non-care duties.

Staff-Child Ratio

In computing staff-child ratios, child care centers use a variety of means to count the children and staff. Administrators, support staff and volunteers may or may not be counted. All children enrolled may be counted, or some estimate of average attendance may be used. A conservative estimate would be furnished by forming the ratio of the number of people identified as "teachers" to the number of children enrolled. Since the number of children actually in attendance is usually 12% smaller than total enrollment and since a number of other staff members often help care for children, the resulting "paper" ratio should overestimate the number of children a typical staff member must supervise.

On paper, our quality centers had anywhere from three to eleven preschool children per staff member. That is, the rosters of children were from three to eleven times as big as the rosters of staff. The number of children per teacher, excluding non-teaching staff, fell between four and sixteen. The majority of centers had between four and ten children per teacher.

However, in some centers teaching staff may have many non-teaching duties - clean-up, paperwork, meetings and a host of other tasks. In such cases, even the paper ratio reached by dividing the size of the teacher roster by the size of the child roster may exaggerate the actual amount of adult supervision children receive. Thus, for many purposes, the best way to measure staff/child ratios is to go into the classrooms and count teachers and children directly. We found a fairly close, though far from perfect, correspondence between the paper ratio and the actual ratio seen in classrooms. This is probably more true of our group of quality centers than it would be for centers of lower standards.

In the classroom, the quality centers had from three to sixteen children for each teacher, with 15 of the 19 centers falling between four and eleven children per adult. Our quality centers thus showed a fairly wide range in child/staff ratios. We do not feel, however, that low child/staff ratios are therefore a luxury. In the next section, we will show that as the number of children per staff rises, quality in a number of areas suffers. Moreover, our case study materials indicate that staff are overworked in centers with very high ratios of children.

Size of Classes

A rough measure which can often indicate the amount of adult contact a child receives is simply the number of children in a typical class. Large classes often mean less adult contact and may mean less access to toys, books and materials as well. This will not always be the case, of course. Some centers have large classes because the rooms are few and spacious. In these centers, each class may have extra teachers and materials, and size of class alone would not indicate low quality.

The number of children in a typical class ranged from 8 to 21, with centers arrayed fairly evenly between these extremes. The typical classroom arrangement is one in which two or more teachers (and/or assistant teachers) supervise children together. This arrangement allows an experienced teacher to supervise or train a helper, while the children benefit from increased contact with adults.

Staff Time Spent on Non-Care Duties

A final way to determine how effectively the teacher's resources are used is to ask what proportion of time is spent on non-teaching duties. A high proportion can indicate that children are getting less adult contact than they might if staff were freed from other work. On the other hand, the care of children is exhausting work both physically and emotionally. Time spent away from children may represent a needed break for staff, enabling them to be more efficient when they are with the children. Certainly, for many parents, this is a significant factor when they place their children in the care of others.

Quality centers vary widely in the amount of time teachers devote to duties other than child care. In one center, teachers spent no time on such duties, while in two other centers, they spent as much as 40% of their working day on other tasks. The rest of the centers fell between these extremes.

2. Staff Characteristics

A second set of factors to consider is the kind of people recruited and selected to act as child care staff. The behaviors we described as desirable imply an adult with considerable resourcefulness and patience. The teacher will often be harried, surrounded by busy, noisy children whose moods change from minute to minute. Toward the end of the day, the teacher is likely to be tired. Despite these difficulties, she must summon up sufficient motivation and energy to deal adequately with the demands of the children.

The sheer number of teachers is not as important for delivering quality care as the kind of people the teachers are. In picking people who are good with children, the director must rely on his or her judgment and intuition. We have no neat formula to offer for choosing such people.

Formulas have, however, been offered in the past. Two very common ideas about recruiting staff are: (1) people with formal education, particularly in teaching or child care fields, make the best staff; and (2) the way to get good staff is to pay a lot; quality care will follow automatically from high salaries. Based on our observations, we have good reason to believe that neither of these guidelines is a reliable way to get good staff.

Staff Education

One of the most striking findings to emerge from our study of quality centers was the variety of educational backgrounds and salaries among center staffs. In one center, none of the teachers had any college training. In three centers, they all did. In most of the centers, between 32% and 100% of the staff had some college background. Our findings lead us to believe that a high proportion of people with formal education is not a prerequisite for building a quality staff.[1]

Sex of Staff

The majority of child care people nationally are young and middle-aged women. However, some centers have drawn on other groups, often with good results. Teenagers and older people, notably senior citizens, have served as teaching assistants. Men are entering the child care field, in numbers which are still small but are growing.

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[1] This is not to be confused with experience in working with children. It is possible that an experienced supervisor can enable less trained staff to work quite well with children.

Women were the majority of our quality center staffs, but all but five of the centers had at least one man on the staff. The presence of men in child care occupations, while not altogether new, is an important trend. Its most obvious implication is that children will be provided with male as well as female models to emulate.

3. Center Size and Scope

A third important consideration concerns allocation of resources between child care and other activities. The choice of program size and scope must be based on community needs, of course. If the community has few other resources for child care, education and so forth, the center operator may feel it is incumbent on the center to give child care to as many parents as possible and offer many additional services. Whether care in the center suffers as a result may depend on the amount of resources and personnel available. For instance, in a large center, the needs of the individual child may be overlooked. Similarly, a price may be paid in quality in order to keep the center open longer hours each day. Also as the center branches into activities other than child care, such as family health services or job training for parents, less effort may be concentrated on the children.

On the other hand, large centers can often afford special staff and equipment which small centers cannot. Long hours and extra programs are often valuable to parents (with resulting benefits in parent advocacy, home carry-over, participation, in-kind donations, etc.). Therefore, increased size and scope may be desirable.

Enrollment

Two measures of center size are total enrollment and average daily attendance. The smallest of our quality centers had twelve children enrolled; the largest had 238. However, most of the centers (15 of 19) fell in the range between 29 and 77. The typical center in our sample had 46 children enrolled.

For some purposes, it may be useful to consider enrollment only in the age-range we studied--that is, pre-schoolers. The quality of care in a pre-school program may not be affected by the size of the infant or after-school enrollment of a center. Most of the centers had a heavy majority of pre-schoolers, ranging from 12 to 120. Fifteen of the 19 centers again clustered in the range from 25 to 77, and the typical number of pre-schoolers was 45.

Average daily attendance tended to be about 12% below total enrollment: the typical center had an average attendance of 38 pre-schoolers, with the bulk of the centers falling between 20 and 67.

So while very large and very small centers can achieve quality, there appears to be a tendency for good centers to cluster around a moderate size. Very large centers breed administrative problems and entail a need for a big building and lots of equipment. Very small centers often can't afford major supplies and equipment (such as a television set or large playground apparatus). Also, when one staff member quits or gets sick, a small center can't continue to operate well for long.

Hours of operation

Center hours are important considerations for at least two reasons: first, the longer the center is open, the better it can meet the needs of working parents on different schedules. But on the other hand, long hours of operation may affect the real staff-child ratio. A center may have a large staff roster, but the staff may work in shifts to keep the center open long hours. In such cases, the number of staff in contact with children at any one time will be smaller than the roster alone would indicate. Also in this situation a child may experience daily changes of adult supervisors rather than more stable relationships.

We found that pre-schoolers spent between 6.5 and 10.2 hours in the centers each day. In 11 of the 19 centers, the length of stay exceeded 8.5 hours, but only in six did the length of the stay reach 9 or more hours. We also note that centers, on the whole, were not open long hours. This may explain the discrepancy between average length of stay and length of the normal working day. With only a few exceptions, parents apparently accommodated themselves to the center hours rather than vice versa.

Scope

A simple measure of program scope is the number of activities, other than child care itself, which the center offers. Our survey of quality centers indicates that the following nine activities are typical of the supplementary programs offered:

- transportation to and from the center for children
- counseling for parents
- family (as opposed to child only) health programs
- special services for physically and emotionally handicapped children
- job training for parents and staff
- career development for parents and staff
- referrals to other agencies for parents and children
- formal education for parents
- other curriculum, such as courses in child care or family planning, for parents

Supplemental services are discussed in detail in Chapter Three. At this point, the list is offered only as a measure of program scope. No one center will offer all of these activities. The number of activities offered by any one center is a useful index of the breadth of non-care services.

The scope of activities offered by quality centers varied widely. Centers offered from one to six of these services. Counseling was the service most frequently offered. The scope of activities necessarily depends on the needs of parents and children, the center's finances, and many other factors. However, it is obvious that such services are natural additions to a program of child care, as long as there are sufficient resources and personnel to handle them.

4. Parent Participation

A final factor to consider is the degree of parent participation in running the center. It has been argued that the best way to ensure quality care is to give parents control over center organization and administration. Since they have the biggest stake in quality and are the most directly concerned, they are likely to see that their children are getting a fair shake. At the very least, their monitoring would ensure that their children are not neglected or abused. Parents have the final responsibility for deciding what they want for their children. Their participation in the government of the center--in making policy, overseeing operations and participating in center activities--can have the effect of making the staff more responsive to their wishes.

It is difficult to imagine any simple numerical measure of parent involvement to fit all child care centers. Perhaps the best measure, and the one we used, is the subjective feeling of parents, the staff and the center director about how important the parents' role is. In our quality centers, parents tended to describe parent involvement as medium to high. In seven centers, it was ranked uniformly high; in nine, it was ranked medium. Two centers fell between these extremes. In only one center was parent involvement termed "low."

5. Summary

What lessons can we draw from examining center organization and child care? To answer this question, we should consider three others:

- which features of center organization and operation are fairly uniform across quality centers?
- which features vary widely across quality centers?
- which features can be shown to relate directly to one or more goals of quality care as described in Part A of this chapter?

Enrollment

The typical center had about 45 children and we did not find many large child care centers. Since large quality programs should have been easier for us to find nationally, we feel confident that there are few large high-quality programs in this country. Additionally, in the larger centers we found, we saw that:

a. Staff/child ratios are less favorable
b. classes are larger
c. teachers are less likely to respond warmly
d. children have fewer options in activities
e. there is less informal language training
f. children are more withdrawn

It therefore appears that it is rare to find quality child care in large centers. Even in the quality centers we studied, the smaller centers seemed to provide higher quality care. We cannot conclude that quality must suffer in larger centers but we can suggest that operators give very careful thought to center size.

Adult Supervision

As we noted, most of the centers had favorable staff/child ratios. Larger centers tended to have less favorable ratios. Where there are few children for staff to deal with:

a. adults respond more frequently and demonstrate a higher quality of response
b. adults provide individual attention more often
c. children have more activities from which to choose

In regard to staff/child ratio, we can be more positive. We found no support for the position that staff/child ratios can be safely increased without affecting quality. We observed some evidence that quality is strongly related to staff/child ratios and in particular the number of children an adult actually must supervise at a given time.

Staff Characteristics

Staff education was not related to the quality of care provided. It does not appear to be an important consideration in teaching staff selection.

Men teachers seem to treat children somewhat differently from the way women do. Where the percentage of men on the staff is high, teachers respond better to aggression and competition on the part of children. They are also less likely to try to control child behavior without redirecting children to constructive tasks. On the other hand, men teachers are less likely to respond to children's requests. It appears that men deal with children in distinctive ways. The center director may find it valuable to recruit men not only because they act as male role models, but also because they seem to be especially good at meeting certain emotional needs of the children, especially in the areas of competition and aggression.

Staff Duties

The percentage of time which teachers spend at jobs other than child care differed even among good centers. But it had some implications for child care. Where teachers spend a lot of time in non-care duties, they are more likely to praise and reward children for cooperating and sharing. It appears that such duties provide a needed break for the teacher and thus allow her to work more efficiently with the children in class.

CHAPTER TWO

PART A: A CORE PROGRAM OF BASIC CHILD CARE SERVICES

The Concept of a Core Program

In conducting this study of twenty high-quality programs, it was soon obvious that certain basic aspects of each program had to be dealt with, irrespective of the particular philosophy or client group being served. These included:

- Overall Administration
- Program Management
- Child Care and Teaching
- Support Services (Health, Nutrition, Housekeeping and Maintenance)
- Parent Relations

While each center had its own way of dealing with these areas (see Volume II of this study), all centers had to address these aspects of operation. The experienced child care operator will find no surprises here, for it turns out that quality child care centers have many things in common with one another. What is significant is that these characteristics seem far less apparent in poor child care centers (e.g., as reported in a recent New Republic article entitled "Kentucky Fried Children"[1]).

The best way of handling any one of these basic aspects is likely to be dependent on local conditions, resources, center philosophy, and so on, but in this chapter we will describe each of these elements in some detail as a "composite picture" of the programs. Individual operators can make modifications as they see fit. Quality of the program is likely to be related to its

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1. See "The Day Care Problem: Kentucky Fried Children", by Joseph Featherstone, New Republic, September 12, 1970, pp. 12-16.

responsiveness to local needs and demands placed on the centers. The Core Program to be described will be most useful to the reader as a detailed set of guidelines or rules of thumb outlining the factors and decision rules with which a program planner will be concerned.

Below, we detail the five "core" functions and in Part B, we give three examples of their application: one to a program serving 25 children; a second for 50 children; and, finally, a program serving 75 children. For each of these three programs, we give a brief description together with cost estimates. Chapter III, which follows this one, describes how various supplementary components can be added to this Core Program to tailor the operation even further to local needs and resources.

The Five Basic Functions

1. Overall Administration

Overall administration in the Core Program included everything necessary to plan and operate the entire program and to monitor its performance. In our 20 programs, overall administration included the following:

- setting policy
- program planning and budgeting
- resource mobilization
- personnel development
- control of operations
- purchasing
- child admissions
- community relations and publicity
- handling information, and
- program evaluation.

We will give a brief description of each of these, but we ask the reader to bear in mind that individual programs varied with respect to these areas.

Setting policy - involved establishing an overall set of procedures under which a center operates. These included personnel policies, child admission and overall program content policies, financial policies (including approval of the annual budget), and policies on general center operations (hours, fees, staff conduct, and so on).

Program planning and budgeting - included annual and longer-range planning and budget development for the center. These involved projecting the growth and needs of the program and developing budgets to cover needed staff, facilities, and equipment. Where a center received grant funds, proposals for these funds and follow-up were also involved.

Resource mobilization - included identifying sources of resources needed by the center (staff, money, equipment or other support) and then bringing these resources into the program. Examples included grants from federal agencies or United Fund and in-kind donations of personnel, facilities, equipment and food.

Personnel development - covers everything associated with the growth and development of the center's staff. Four major concerns here were (1) recruitment, (2) salaries, (3) training, and (4) advancement of staff. These are discussed in detail in Appendix A of this volume.

Control of operations - meant the day-to-day administration of the program. Under this heading come supervision of staff, maintaining the quality of care offered, dealing with day-to-day problems, making regular financial decisions, and so on.

Purchasing - involved the authorizing of various expenditures by the program - expenditures for space, equipment, supplies, and incidentals.

Child admissions - included not only deciding whether or not to admit a particular child into the program, but also, once a child was admitted, getting personal information on the child, making provisions for any of his special needs, following his early days in the program, and so on.

Community relations and publicity - informed the community about services and involved the community in various types of center programs.

Handling information - included maintaining the center's record, filling out reports on program performance and getting together the information on staff and children required for program self-evaluation.

Program evaluation - involved determining how well the program was meeting its stated goals: how well it cared for children, related to parents, developed its staff, dealt with the community and improved as an organization. Most programs, however, had only limited experience in self-evaluation.

Policymaking Structure

The job of setting policy fell either to the director, or to a board of directors. Either way, similar decisions had to be made. Boards were usually found in programs receiving federal grants or under United Fund or similar sponsorship. Where there was a board of directors, it set general center policies in all areas, and usually had legal responsibility for the entire program. The board's duties included:

- approving the annual program budget, which had been developed by the center;
- setting up personnel policies which specified the qualifications needed for different jobs in the program and guided the center director in hiring, firing or promoting staff (the board itself usually hired the center director);
- setting the center's admissions policy, which determined child or family eligibility for the program;
- determining other major center policies, such as hours of operation, fees to be charged, overall program content, etc.; and
- reviewing the center director's administration of the center program, its budget, and its personnel.

These are the formal duties of the board, but many centers added informal ones as well. The board members may be heavily involved in mobilizing resources for the program - locating volunteer staff, finding donated equipment, or soliciting financial contributions for the center. Individual members of the board (professionals in social service, law, medicine, education or management, for instance) were sometimes asked to donate part of their own time to center operations.

Three different board membership patterns were most common:

Pattern #1: At least half the membership was composed of parents of children in the program; the other half was made up of community representatives from government, private agencies, or the public. (This is the pattern[1] called for by Head Start and many other OEO-funded programs).

Pattern #2: The board was made up mostly (75-80%) of community representatives. (This is the pattern of most United Fund boards or boards[2] of other larger organizations which operate child care centers.)

Pattern #3: The[3] board was composed entirely of parents of children in the program.

In many cases where Pattern #2 was chosen, the program also formed a parent advisory committee. This committee had the power to consider nominations for staff positions, to veto program budget proposals, and to make suggestions for changes in various aspects of center operations.

Likewise, when Pattern #3 was used, a center might decide to establish a professional advisory committee to help the staff and the board with certain technical functions. It was often a big help in obtaining funding and donations for the program.

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1. See, for example, Central City Case Study.
2. See, for example, Kentucky Case Study.
3. See, for example, Greeley Case Study.

Whatever membership pattern was chosen, the total size of the board was usually between 15 and 20 members. In many cases, the center director and one or more top staff also sat on the board, but did not vote. Their presence helped keep good board-staff communications.

2. Program Management

Program management consists of the day-to-day operation of the center. Generally speaking, there are four areas of concern:

- planning
- organization
- supervision, and
- evaluation

Each of these management activities was performed across the basic service areas of Child Care and Teaching, Support Services and Parent Relations.

In Child Care and Teaching, planning covered planning child activities, the curriculum, daily schedule and the equipment needs for child care. Organization included setting up the daily child program, making sure the right staff were available at the right time, making arrangements for parent participation in classes and seeing to it that individual children and groups of children received proper care and attention. Supervision in Child Care and Teaching included the day-to-day process of working with staff to make sure the program is carried out efficiently as planned. Evaluation, where found, included specific observations of child behavior, child growth and development which were interpreted by the staff and used in parent interviews.

Looking at the Support Services area, management activities were similar but not quite as extensive. Planning, in nutrition, for example, included meal planning and food ordering. Organization included scheduling meals and working out the details of food service. Supervision involved overseeing the serving of food and clean-up after meals. Evaluation involved assessment of how well the nutrition needs of the children were being met by the program.

Finally, in Parent Relations, the management function involved planning for admissions interviews, periodic conferences with parents, parents' group meetings and parent referrals to services outside the center.

3. Child Care and Teaching

Child Care and Teaching included those things done directly with the children to provide for their social, emotional, and intellectual development. These included:

- caring for children (physical care, love and attention)
- supervising play
- working with groups of children
- working with individual children, and
- cleaning up.

Caring for children - involved care for their physical well-being, which meant knowing where each child was all the time and keeping track of him during the day, making sure each child was safe, helping the child with toilet needs, helping him dress and undress, and so on. Caring for children also included giving a reasonable amount of warmth, love and attention to each child.

Supervising play - involved watching over the children's play, individually or in groups, and making sure that these activities were lively and interesting. Supervising play also included intervening positively in play situations from time to time in order to resolve problems a child might be having or in order to construct positive alternatives for negative behaviors.

Working with groups of children - included storytelling, art music, or other structured teaching activities. Here the center was creating a definite learning situation for children, one in which new knowledge was being provided.

Working with individual children - included the same kinds of activities as work with groups, only on a one-to-one basis. In addition, it meant helping individual children with their particular wishes, or needs for growth or development.

Finally, cleaning-up meant keeping the classroom or outside space clean, orderly and free of certain hazards to children during center hours. It also meant involving the children themselves in picking up and straightening up their surroundings.

Goals and Priorities for Child Care and Teaching

In a broad sense, the program goals determined the rest of the program organization. There are no definitive answers on the proper ordering of priorities for child development. The center directors and staff assessed the needs of the children and the wishes of parents. As a starting point, let us simply list the kinds of child-related goals identified by the centers in our study:

1. Educational Development

    language skills and communication
    concepts (time, number, similarity, etc.)
    perception (shapes, colors, size, etc.)
    attention

2. Social and Emotional Growth

    handling own emotions and feelings
    getting along with others (sharing, cooperation)
    self-reliance and independence

3. Developing a Positive Self-Image

   strong sense of identity
   self-esteem
   ethnic and cultural pride
   feeling of competence
   being able to make choices

4. Health and Nutrition

   diagnosing and treating disease
   innoculations and other preventive measures
   providing nutritious and filling meals and snacks

5. Other

   physical exercise
   practicing skills and coordination
   creative expression

All these goals are desirable and are interrelated to some extent. Nevertheless, they could not all be fully implemented given limited resources; nor did they need to be, since some needs are met outside the center. Centers usually gave priority to two or three aspects they felt were most basic. These priorities then influenced grouping, space arrangements, scheduling and staff deployment. For example, centers which emphasized self-esteem usually allowed free choice and free movement, and were less concerned with sticking to a schedule or following a formal curriculum.

Organization and Planning in Child Care and Teaching

Regardless of the center's orientation, quality child care required a great deal of organization and daily planning. The following are the major elements in child care organization and planning:

- grouping
- space arrangement
- scheduling
- equipment

A. Grouping

Decisions on grouping were governed by a number of actors including the amount and arrangement of space within the center building, the number and ages of the children, the number and kind of staff, and, of course, the program and philosophy of the center.

Typically, centers grouped the children according to age; they separated younger, middle and older pre-schoolers (2-3 years, 3-4 years, and 4-5 years). Some allowance was made for the maturity of individual children. The average size of groups was around 15 children: younger children were sometimes divided into smaller groups and older children into larger ones. Each group had two or three staff members responsible for it. Centers using this arrangement felt this structure offered the child a secure and predictable environment in which to develop basic trust. They felt that individuality is stifled in overly large groups and that children feel more confident playing with others who have about the same level of competence.

Other centers have had success with other grouping arrangements: one which is becoming popular is "family" grouping in which children of varying ages are placed in the same class.[1] These centers have found that both younger and older children gain many benefits from playing with children of different ages. They believe that this arrangement resembles the natural family situation more closely than the more artificial grouping by age. Another advantage is that siblings who attend the center can stay together during the day, thus preserving family ties.

Still other centers maintain no formal groupings at all. They assign different activities to separate areas or rooms and allow children to roam where they want to.[1] There is no reason why various approaches could not be combined. Part of the day - especially during free play and outdoor play - may be spent in mixed-age groups; organized games and lessons may be more beneficial in small homogeneous groups.

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[1] See, Syracuse Case Study in Volume II.

B. Space Arrangements

Various space arrangements were found in our study: (1) one large area subdivided by moveable partitions; (2) several interconnected rooms; or (3) several rooms closed off from one another. Children shared one outdoor play area and one active play area. The first two arrangements are adaptable to the "open floor" plan in which all children move around from area to area. Each room or partitioned area can contain different kinds of equipment and one teacher may organize activities within each space (music, art, library, dramatic play). During certain periods (rest, lunch, lesson times) the rooms or areas can be closed off.

When groups were housed in separate classrooms, activities often were presented sequentially. Children could be moved as a group from room to room or remain within a classroom. Typically, provision was made for a housekeeping area, blocks and toy area, books and puzzles, and water and/or sand area. Activity areas, whether on a large or small scale, maximized the choices open to each child; whatever organized activities were going on, he could play with blocks, look at books or engage in other individual activity.

C. Scheduling

A daily schedule introduced a degree of regularity so that staff and children knew generally what to expect next. It also ensured that different kinds of activities or experience considered important took place and in a balanced sequence. The actual form of the schedule, how detailed it was, and how closely it was followed could vary greatly. Some centers planned every hour of the day and tried to follow the outline because they had specific goals for the children; other centers set up a very general schedule and allowed a great deal of flexibility so children and staff could do what interested them most. Certain events recurred daily, and so most center schedules are worked around these main events:

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[1] See Haight-Ashbury Case Study in Volume II.

- arrival (followed by free play at least until most of the children have arrived;
- mid-morning snack;
- lunch;
- rest period;
- afternoon snack; and
- clean-up and prepare for departure.

Between these major events, centers fit in periods of (a) outdoor active play; (b) free play; (c) directed play or organized games; (d) creative expression; (e) stories, lessons, demonstrations; and (f) occasional field trips or excursions. How best to sequence these activities involved several considerations. Alternating noisy and quiet, strenuous and passive, individual and group activities helped to maintain liveliness and interest. A degree of flexibility in activity was desirable; alternatives to the main activity should be available for the child who does not want to join in. Transition periods between activities are often desirable. For instance, if the children have been extremely excited and active, it is usually a good idea to have quiet play before serving lunch.

D. Equipment

Centers in our study used a wide range of equipment. In part, the type of equipment used depended on available funds, preferences of staff and the kinds of equipment and toys which were donated, built and so on. It is important to bear in mind that there is a range of costs and durabilities associated with equipment, and that equipment must be maintained (cleaned, stored, repaired). Generally, responsibility for care and maintenance was distributed among staff, depending on staff assignments (e.g., aides and teachers taking responsibility for bringing out toys in the mornings and storage of equipment in the evenings).

How you use your equipment is as important as what you have. Quality child care centers generally saw that staff helped children use the toys - scheduling use, presenting toys to children, settling disputes over their use, and so on. Equipment was valuable for learning and personal satisfaction among the children. The table below lists the kinds of equipment we saw in many of the centers.

Play and Education Equipment Found in the Child Care Centers

Strenuous Large Muscle Activities (Indoors and Outdoors):

- Climbing structures
- Swings
- Slides
- Bouncing Boards
- Mattresses
- Barrels
- Tricycles and wagons
- Large balls
- Water tubs and water toys
- Sand Boxes and sand toys, such as shovels, pails and cans
- Boxes

Music and Rhythm:

- Triangles
- Drums
- Tambourines
- Record Players
- Records
- Piano
- Guitars
- Kazoos

Art and Creative Expression:

- Easels
- Smocks
- Clay
- Paper
- Crayons
- Brushes
- Paints
- Paste
- Scissors
- Newsprint

Messing:

- Water tubs
- Clay
- Water toys (funnels, cups, boats and hose)

Building:

- Large and small blocks
- Boxes
- Wooden joints
- Lincoln logs
- Various other building devices

Carpentry and Construction:

- Work benches
- Nails
- Boards
- Wood
- Screws
- Simple tools

Make Believe:

- Vehicles
- Trains
- Trucks
- Dolls and doll equipment
- Stove
- Dress up clothes
- Mirrors
- Tents
- Planes
- Boats
- Cars
- Refrigerator
- Brooms
- Hats
- Make-up kits

Science:

- Animals
- Plants
- Magnets
- Picture Books and Science
- Fish
- Scales
- Magnifying glasses

Manipulation and Concept Toys:

- Puzzles
- Nesting toys
- Picture Games
- Beads
- Felt boards
- Drawings

Language:

Books	Records
Magnet Boards	Letters

4. Support Services

We encountered three kinds of Support Services in our centers: nutrition, health and housekeeping-maintenance. These services are called "support" because they facilitate the program's basic purpose of caring for and teaching children.

Nutrition services include preparing and serving food and cleaning up after meals. In some cases parents and children can help with these duties.

Health encompasses a variety of services. The first of these is arranging for pre-admission physicals for all children and getting complete health histories on them. Next, the center must be sure that all children have had the proper innoculations or immunizations specified by the program. Another services is that of providing emergency health care for children in the center, and of instructing various staff members in first aid and emergency procedures. The final support service here consists of making referrals of sick children (after checking with their parents) to appropriate medical personnel outside the center.

Housekeeping and maintenance refer to the general cleaning of the center, maintenance of equipment and facilities, and repairs to things in and around the center. Particular attention should be given to safety and health hazards.

5. Parent Relations

Parents of children in the child care programs had three main needs which our programs typically met. First, parents needed information about how their children were doing in the center and a chance to work along with the staff on child progress and problems. Second, parents sometimes participated in the center's overall program and advised staff on how they felt it could be improved. Third, parents often need various social services which the program can help meet. Different staff members in the Core Program work in different ways to meet parent needs at different times. Here is how it worked.

a. Keeping parents informed about their children's progress and working with them on it. The center director usually takes the first step here, at the time the child enters the program, by arranging an enrollment interview with the parents. In this interview, the director:

1. explains the program and makes sure parents understand what the child will be doing in the center;
2. discusses any special needs parents feel the child might have in the program (a handicap to be overcome; special need for love, discipline or attention; special dietary needs, etc.);
3. outlines the importance of parent involvement in the program and tells parents how they can participate;
4. asks parents a little bit about the child's life at home, to see if there might be some special needs they have overlooked at first, and to see if parents can use some of the center's social service help;
5. makes sure the parents (or the child) meet the program's formal eigibility criteria (if any) and understand the fee system (if any); and
6. gets from parents all the information the center needs in such areas as child health, family characteristics, how to contact parents for emergencies, etc.

Typically, the director's role in this interview is to make sure parents understand that their child's growth and development in the program are closely tied to his life at home. Finally, the director outlines two ways parents can keep in touch with the center's program - through daily contact and through regular parent conferences in which their child's progress is discussed.

If their working hours and transportation permit, parents are often encouraged to bring their children into the center each day and to come to pick them up each afternoon. Directors often designate particular staff (one lead teacher or teacher in the morning, one in the afternoon) to greet children and to talk with parents about their concerns.

Regular individual parent conferences can also help maintain contact between home and center. These conferences may be handled by the assistant center director or teaching staff. Some centers hold such conferences every month; others every three months. Teachers bring to these conferences their written comments on the child's behavior and activities in the center. These comments are discussed with the parents, changes which have occurred since the last parent conference are talked about, and the parents have a chance to explain their feelings about how their child is doing. Parent conferences have to be scheduled at a time when parents are free to attend, and this often means in the early evening or on Saturday.

b. Giving parents a chance to participate in and advise the overall child care program. Large parent groups seem fairly successful in bringing parents together and directing their energies into working with the program. Parent membership on board of directors or parent advisory committees brought parents together. When parents have decision-making authority, involvement is generally quite high.[1] Where these groups did not exist

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[1] See Greeley Case Study, Haight-Ashbury Case Study in Volume II.

(or if centers had trouble mobilizing parents), some centers formed a parents' club open to all parents. These clubs started off as social get-togethers, discussion groups, or places to talk about neighborhood or community problems, and later became more involved in helping the center.

Parents also helped make decisions about the overall operation of the programs. In some centers, parent advice or approval was required for hiring many (or all) of the center staff, for setting the annual budget, and for setting up general policies of operation for the center. In these cases, parents usually acted through the board of directors or through a parent advisory committee. The centers in some cases also decided to set up special ad hoc parents' committees to advise the director or board on such issues as changing the center's eligibility standards for the families it served, deciding to use new curriculum materials, planning for a new center building, adding new services to the program, changing the hours or days of operation to meet parent needs, and so on.[1]

Whatever form parent participation took, centers usually provided one staff member to help parents in organizing. Once parents were organized, they participated in the center's program in various ways. Here are some of them.

Parents as volunteers - Parents donated their time to helping out in the center. If their regular employment permitted, they worked as teacher aides one afternoon per week (or per month), or supervised Saturday or evening babysitting where the center offered this service. Parents also volunteered to help the center at home, making toys or other education materials for the program. Volunteer activities also took place in groups.

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[1] See, for examples, Central City Case Study and Case Studies of Haight-Ashbury and West 80th Street in Volume II.

For example, mothers and fathers of center children were invited for a weekend once or twice a year to help clean up, repair or repaint the center's buildings.

Parents as mobilizers of resources - The Core Program is constantly searching for donations of supplies, equipment or money to help keep it going. Parents were useful in locating people willing to help with donations. Parents worked as groups or individuals in canvassing their communities for such contributions.[1]

Parents as advocates for the program - Another important role for parents had to do with supporting the program in its relations with other agencies and the community. Strong parent support was usually helpful in getting the center funded through public programs. Parent support also helped where a center had a problem concerning licensing, establishing linkages with public agencies or getting along with its neighborhood.[2]

c. Making social services available to parents. The Core Program does not generally offer social services directly to parents; this is considered a supplemental service and is described in Chapter Three. It does, however, try to discover parents' needs for services and refer them to services already existing in the community.

Usually, the center director has the task of forming linkages between the center and various community services. She also takes the first step in identifying parent needs through the enrollment interview. After needs have been discussed, referrals are made.

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1. See Haight-Ashbury, West 80th Street, Greeley Case Studies in Volume II.
2. See Haight-Ashbury, West 80th Street, Holland Case Studies in Volume II.

In developing linkages, the director typically found out which agencies in her community offered services needed by parents. She then contacted or visited these agencies to ask them if they would accept referrals of center parents and to determine agency eligibility standards. The latter is important to ensure that parents are not put to the trouble of trying to deal with an agency which cannot serve them in the first place.

PART B: DESIGNING THREE BASIC PROGRAMS FOR 25, 50 AND 75 CHILDREN

1. Design Criteria

The three core program designs we will be presenting in this section were developed to help readers understand how quality child care can be realistically carried out. The functions described are common to all child care programs regardless of size or scope. However, the specific activities for each basic function and the allocation of resources to these activities vary with average daily attendance. To illustrate these variations, three programs of significantly different size are presented. The first design serves an average daily attendance (ADA) of 25, the second serves an ADA of 50, and the third serves an ADA of 75.

The average daily attendance figures were chosen for the basis of our core program designs after careful analysis of the relationships between ADA and program staffing. Staffing was selected as the most important characteristic for differentiating among child care programs because personnel costs account for approximately 75-80% of all budget expenditures and the nature and composition of staff are directly related to program quality as discussed in Chapter One.

Our analysis of the 20 quality programs indicated that the number of administrative staff (and their responsibilities) increase with number of children served. For example, an average program serving 25 children requires slightly more than one full-time person performing administrative activities; 50 children require almost 2 people full-time; and 75 children called for two or three people. As will be shown, however, more than just numbers change as centers expand. Responsibilities can be distributed among staff members in different ways.

Our analysis revealed that 8 non-administrative personnel will require the equivalent of one and a half administrative personnel; that 16 non-administrative personnel require two full-time administrative people. Thus, as staff size increases, so do administrative requirements, although larger staffs require somewhat smaller administrative increases.

A review of our data regarding quality of care and staff-child ratios leads us to conclude that an average ratio of 1:5 for pre-schoolers was sensible, with lower ratios for very young children and higher ones for older children.

As for support personnel, as program size increases, the time of nurses will increase directly in proportion. The time required of cooks and maintenance people, however, does not rise proportionately; a cook can handle 75 children with only a little more difficulty than 50 children.

The decision process we used in developing our staffing patterns for the three ADA designs was this:

1. Determine the number of required teaching staff, given a staff-child ratio of 1:5 (e.g., ADA 25 requires 5 teachers).
2. Determine the number of required support staff considering time requirements for ADA 25 design, and determine time increases by position for ADA 50 and 75.
3. Select the number of administrative personnel from within a range indicated by relationship of administrative personnel to ADA (within the range, the choice depends upon a number of considerations.
4. Once the entire personnel roster has been established for each ADA design, check the relationship of administrative personnel to non-administrative personnel to ensure that there is a sufficient number of the former. Given the number of non-administrative people in the ADA staffing pattern, the number of administrative people selected in Step 3 must

be greater than or equal to the number of such personnel called for by an associated equation.

Cost data for each of the three programs are based on ADA; the reader should keep in mind that this is approximately 88% of total enrollment. Thus, our figures will appear somewhat higher than those figures where the per-child cost is derived from enrollment. Basing the cost per child on ADA gives the cost of services actually delivered.

Common Characteristics of the Three Examples

All three of our designs share some common characteristics. As the designs grow in ADA, certain other characteristics change in order to retain the same program scope. Those changes will be discussed later.

All three designs have the same basic service characteristics. The center is a non-profit corporation in an urban setting and is funded by a public agency. It operates from 7:30 A.M. to 5:30 P.M. Monday to Friday, 52 weeks a year. It is located in a single building with adequate square footage per child both indoors and outdoors, in compliance with local and funding agency regulations. (In the centers we looked at, we found the indoor average was 80 sq. ft./child and the outdoor average was 183.)

The children served are pre-schoolers, ages 3 through 5, of differing ethnic backgrounds. Admission policy is determined by the funding source, and no severely handicapped children are admitted. Each center is staffed to ensure an overall teacher-child ratio of 1:5. Children are grouped roughly by age, with allowances made for individual child maturity and needs. In each center design there are an equal number of classes of 10 and 15 children, with the younger children in the smaller classes. Each class has one teacher and one assistant teacher; in addition, there is one floating aide for every two classes.

The center works at recruiting staff from the community to reflect the ethnic composition of the children. No volunteer labor is used. Male staff members are desirable.

Policymaking

Each center has an identical policymaking structure consisting of a board of directors composed of parents of children in the program and community representatives from government, private and public agencies. The board meets once a month to formulate long-range policy, approve the annual budget, determine admission policies (within the regulations of the sponsor), approve personnel decisions and help with fund-raising.

In addition, there is a parent advisory committee composed of parents who are elected by the parent group (consisting of all center parents). The parent advisory committee advises on policy matters, helps mobilize resources (chiefly through parents), channels advice and concerns to the board and director, and, in general, is the voice of all center parents. This committee also helps plan the parent group activities.

The director represents the center at board meetings. In addition, she hires, fires and determines salaries for staff (with the approval of the board). She is thus involved in on-going evaluation of both her staff and the total program. She draws up the annual budget for submission to the board. She is also responsible for short-range and day-to-day policymaking and program planning.

Each design offers the same staff training program. While this program is not extensive, it does offer an initial orientation and in-service training. Orientation consists of an explanation of program policies and practices, an introduction to the center and staff and a period of working in the classroom, followed by a discussion period. In-service training involves working in the classroom with an experienced teacher who trains through suggestion and example. All teaching staff receive this training. In addition, there are weekly meetings of all center staff. Sometimes an outside speaker or staff member presents a talk, discussion, movie, etc. on a related subject.

Staffing[1]

All staff should be able to work constructively with children and other staff. Setting down absolute qualifications, however, is difficult since individual personalities and situations vary. In a small, closely-knit center such as our first design, compatability of staff is obviously important.

The paper qualifications of the nurse (R. N.) and the secretarial and bookkeeping staff are easier to assess than those considered important for the director and teachers. With all staff, reliability and punctuality are very important. As for formal educational qualifications, we are setting no requirements in our three designs, since formal education does not seem to be a reliable indicator of staff quality. Relevant training and/or work experience is, of course, desirable. (In the centers we looked at, most of the directors had an undergraduate college degree and many, in addition, had a graduate degree in Early Childhood Education or Child Development.) Education levels of teaching staff varied widely, from little formal education to a college, even graduate, degree. A general trend seemed to emerge for the higher-educated teaching staff to fill the higher teaching positions, but for a variety of reasons, there was much variation from this general pattern.

In talking with teaching staff, one complaint was voiced repeatedly. Teachers felt that time spent on non-care duties (housekeeping chores, fee collection, and other non-child-related paperwork) was detrimental to their performance as teachers. In our designs, we have relieved teachers of as many of these duties as possible. When these chores are unavoidable, they are assigned to the aide. We have also given all full-time staff at least a 45-minute break (again in response to concerns voiced by teachers we talked with and our statistical finding). The pace of working with children is fast, and a break can help a lot. We feel that it is important for the teacher to have some time to herself (aside from staff meetings, etc.) and that she should not have taks to perform during this break.

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[1] A review of staff development is provided in Appendix A.

All three designs perform the same basic functions, and offer the same services to children. These services are:

Child Care and Teaching--Each offers children thoughtful care in a safe, clean setting. While no detailed formal curriculum is followed, lesson plans are prepared in advance, using various books and materials related to pre-school care and teaching. Teachers keep informal, anecdotal notes on each child which are used in progress conferences between teacher and parents. (The conferences are held several times a year, or as requested by parents.) The children participate in field trips, informal play, individual and small-group activities, look at picture books, spend time with teachers and, in general, are involved in a positive environment with emphasis on self-reliance, a positive self-image, and so on.

Health--All children are required to have a medical and dental examination before admission, and annually thereafter. In addition, each must have all innoculations and immunizations as needed. The center checks to make sure these things have been done and if not, arranges for the child to receive this care. The center nurse instructs all staff in first aid and emergency procedures. Each child is checked daily for signs of illness. If he becomes ill while at the center, his parents are called and he is either taken for treatment or kept in an isolation area until called for. On admission, parents furnish a medical history and sign an emergency permission form. Medical records are updated when serious illness occurs. Height and weight records are kept for each child to assess long-term progress and perhaps for nutrition program assessment. Parent questions about child health matters are answered.

Nutrition--Each center serves a hot lunch and a morning and afternoon snack. Menus are planned in advance by a cook who confers occasionally with community resource people on daily diet. (These people might typically be found in a local public school system, university, public health agency, etc.) The diet is well-balanced and attractively served. An effort is made to include a variety of foods. Occasionally, if a child has come to the center without breakfast, he is served a bowl of cereal. Teaching staff eat with the children to provide a comfortable and positive mealtime atmosphere.

Transportation--No transportation is provided to and from the center. This responsibility rests with the parents.

Sample Daily Schedule

7:30	Arrival begins--free play.
9:00	Most children present--classes separate, health check, educational period (structured activity).
10:00	Snack, clean-up, toilet.
10:30	Outdoor play or indoor active play.
11:30	Quiet activities in preparation for lunch (music, stories, etc.)
12:00	Lunch, clean-up, toilet.
12:34	Nap preparations and nap begins.
2:30	(During nap-time, those children who awaken early or do not sleep are permitted to engage in quiet free play)
3:00	Snack and clean-up, toilet.

3:30 Outdoor play or group games, Sesame Street, etc.
Creative play, art, etc.
4:30-5:30 Free play until departure.

How the Three Designs Differ

Differences in our three designs are related to the growth in ADA. As the ADA increases, the number of staff increases too. This growth is reflected in different ways in the staffing. As the ADA increases, the support staff stays the same, but works longer hours (they are all part-time staff).

In child care and teaching, for the most part, the growth is reflected in a proportionate increase in the numbers of classes and teaching staff (building block style). In the management and administrative areas, though, new job titles emerge and we see a trend toward specialization of staff.

The director in ADA 25 is almost a one-man show (with a part-time secretary). By ADA 50, most of his or her management duties have been handed to a head teacher. In ADA 75, all are given instead to an assistant director. Along with this transference of management duties goes the role of resource person in child care and teaching. The director becomes less involved in this role and the head teacher or assistant director are more apt to be the ones with special knowledge in child development or education.

The trend toward specialization is evident as the director can no longer handle all the activities she did in ADA 25. She parcels these out to people with increasing responsibilities.

2. A Center with an Average Daily Attendance of 25 Children

Program Profile

This center serves an average daily attendance (ADA) of 25 children. The physical facilities consist of an outdoor play-area and a building containing three child rooms (one for each group and one multi-purpose room), one adult bathroom, one child bathroom (accessible to all child rooms and containing one shower stall), one kitchen, a small nurse's office-isolation room, and an office area with desks for the director and the secretary, plus working and storage space for teachers. The multi-purpose room is used for large-muscle activities, nap-time, and meetings.

The playground is a combination of grassy and paved areas surrounded by fencing. Typical equipment might include tricycles, swings, climbing equipment, a slide, playhouses, crawling tunnels, balls, and so on. Indoors, the equipment and fixtures are child-size or adapted for child-use. The facilities are safe, warm, and clean, done in bright colors. Equipment includes tables and chairs in the two classrooms, and folding cots in the multi-purpose room.

There are ten paid staff members and no volunteers

Staff Roster

1 director, full-time
1 secretary, part-time (10 hours/week)
2 teachers, full-time
2 assistant teachers, full-time
1 aide, full-time
1 cook, part-time (20 hours/week)
1 custodian, part-time (10 hours/week)
1 nurse, part-time (4 hours/week)

Appendix B is a detailed description of how this program works, with job descriptions for each staff member. The tables on the following pages delineate overall center organization and estimated annual costs for a center of this size.

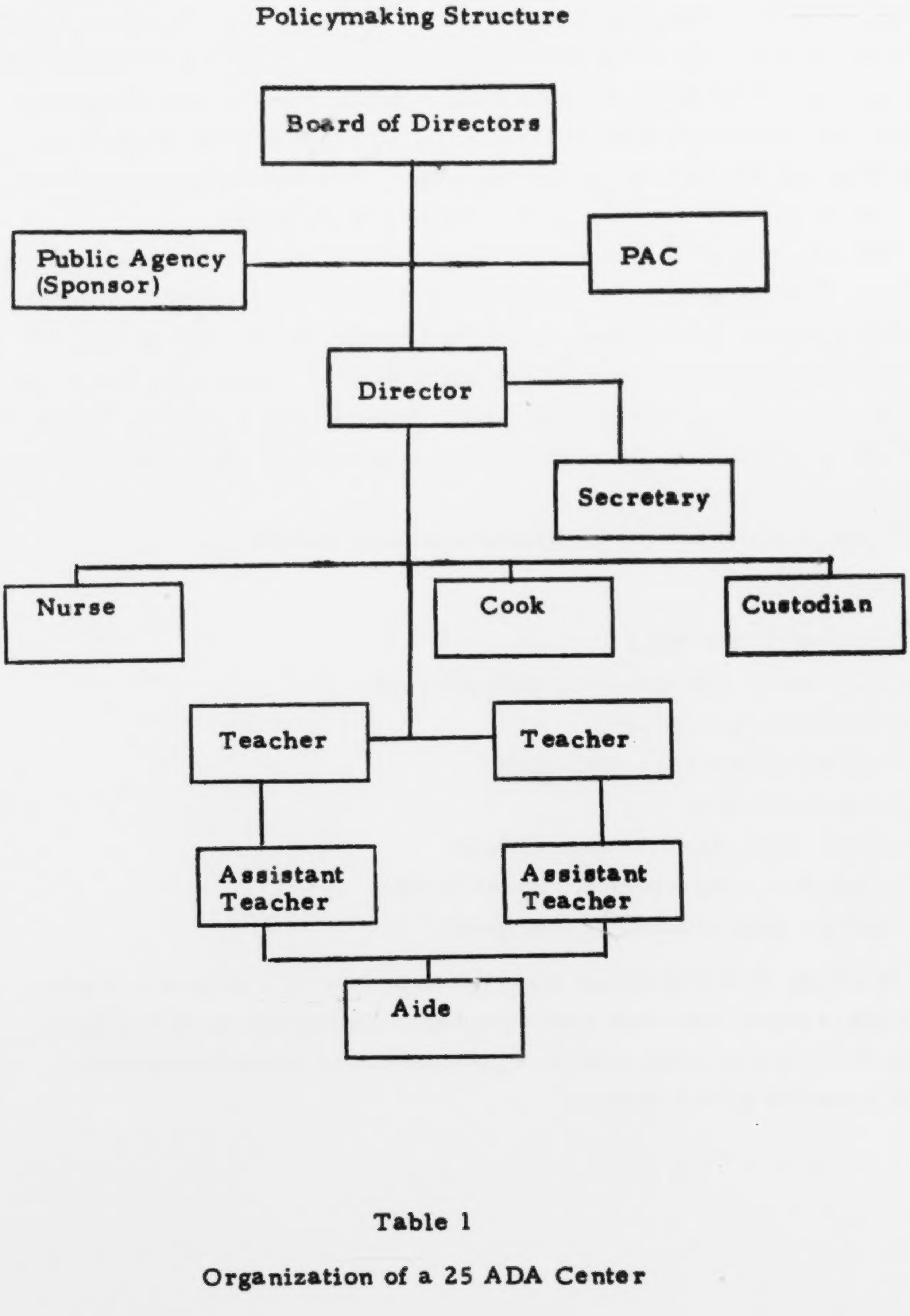

Table 1

Organization of a 25 ADA Center

Table 2

ESTIMATED ANNUAL COSTS FOR CORE PROGRAM OF 25 CHILDREN (ADA)

I. Summary of Operating Costs:

Total Estimated Cost: $58,719

(76% personnel, 6% foodstuffs, 9% rent, 9% other)

Cost per child: $2,349 per year, $1.12 per hour

(Cost per child/hour based on estimate of child/hours as 8.4 hours/child/day x 25 children x 250 days/year = 52,500 hours/year)

II. Functional Budget Summary

	Category	% of Total	Total Cost	Cost per Child
A.	Care and Teaching	52	$30,803	$1,232
B.	Administration	22	12,845	514
C.	Feeding	12	6,893	276
D.	Health	1	824	33
E.	Occupancy	13	7,354	294
	TOTALS	100%	$58,719	$2,349

III. Functional Budget Detail

Category	% of Category	Total Cost		Cost per Child	
A. Care and Teaching					
1. Personnel	94	$28,928		$1,157	
2. Educational Consumables	3	875		35	
3. Other	3	1,000		40	
Sub-total	100%		$30,803		$1,232
B. Administration					
1. Personnel	84	10,745		430	
2. Other	16	2,100		84	
Sub-total	100%		12,845		514
C. Feeding					
1. Personnel	42	2,893		116	
2. Foodstuffs	54	3,750		150	
3. Other	4	250		10	
Sub-total	100%		6,893		276
D. Health					
1. Personnel	79	649		26	
2. Other	21	175		7	
Sub-total	100%		824		33

III. **Functional Budget Detail** (continued)

Category	% of Category	Total Cost		Cost per Child
E. Occupancy				
1. Personnel	17	$1,254		$ 50
2. Rent	68	5,000		200
3. Other	15	1,100		44
Sub-total	100%		$ 7,354	$ 294
TOTALS			$58,719	$2,349

IV. **Personnel Component of Functional Budget**

A. Care and Teaching			
2 Teachers	@ 6,000	$12,000	
2 Assistant Teachers	@ 5,400	10,800	
1 Aide	@ 3,450	3,450	
Fringe Benefits & Payroll Taxes	@ 10.2%	2,678	
Sub-total			$28,928
B. Administration			
1 Director	@ 8,400	8,400	
1 Secretary, 1/4 time	@ 5,400	1,350	
Fringe Benefits & Payroll Taxes	@ 10.2%	995	
Sub-total			10,745
C. Feeding			
1 Cook, 1/2 time	@ 5,250	2,625	
Fringe Benefits & Payroll Taxes	@ 10.2%	268	
Sub-total			2,893
D. Health			
1 Nurse, 1/10 time	@ 5,900	590	
Fringe Benefits & Payroll Taxes	@ 10.2%	59	
Sub-total			649
E. Occupancy			
1 Custodian, 1/4 time	@ 4,550	1,138	
Fringe Benefits & Payroll Taxes	@ 10.2 %	116	
Sub-total			1,254
TOTAL			$44,649

Basis of Estimates

In general, cost estimates are based on averages taken across the centers in our sample.[1] Thus, the costs are representative of what was found in our sample of quality centers. However, personnel costs, rental costs and, to a lesser extent, other costs, may vary considerably from these estimates, depending on local market conditions.

To arrive at our estimates, average cost data from the centers in our study was organized according to the functional categories displayed in Table 2. Thus, for example, the average cost of foodstuffs per child (ADA basis) was $150 per year; this formed the basis for the estimate of foodstuffs and costs.

Rental cost per child was calculated as the product of the average square feet of space per child in our sample (80) and the average annual rent per square foot ($2.50).

We computed personnel costs by assigning salaries to each position based on salaries actually paid by centers in our study. Fringe benefits and payroll taxes represent the average rate among centers (10.2%).

For teachers, assistant teachers, the cook, nurse and custodian, the full-time equivalent salary assigned was simply the average for such depositions in our sample. Salary estimates for the other positions were derived as follows:

Director--An analysis of the relationship between director's salary and center size (ADA) showed a positive relationship between the two. The relationship indicated a salary of $8400 for a center of size 25, whereas the average salary for directors in our sample was somewhat higher ($9700).

Secretary--Here we felt it unwise to rely on a simple average because secretarial responsibilities varied widely in our centers. Generally, the salary fell between that for assistant teachers and teachers, and varied directly with the degree of responsibility assumed. Because the secretary in the ADA 25 program has relatively light responsibilities, the salary of an assistant teacher was assigned to that position.

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[1] The exceptions are in the personnel section discussed below.

Aide--Average salary for aides in our sample fell somewhat below the federal minimum wage. Because this probably reflects a lag in adjustment to minimum wage standards, the minimum wage, or $3450, was used.

Once salaries, fringe benefits and payroll taxes were selected, we could estimate the personnel component of the budget (Section IV of the preceding table). With per-child estimates of the other component costs in each of the functional categories, Section III, the Functional Budget Detail, could be filled in. (Thus, for example, foodstuffs cost per child is $150, the average in our study. The total cost of foodstuffs is simply $150/child x 25 children.) Figures in Section I and II are simply summary measures derived from Section III.

Summary of Salient Cost Characteristics

The most significant observation to be made about core program costs is the substantial portion for personnel. The 76% figure for this core program is definitely representative of the situation in our twenty centers. Personnel costs account for the major part of three functional categories--care and teaching, administration, and health--and are a substantial fraction of feeding. Only in the occupancy category are personnel costs overshadowed by other components.

Rental cost is the second most significant part of total costs, accounting for 9% of the budget. Foodstuffs are third, at 6%. The remaining 9% consists of equipment costs, consumables, utilities, taxes, insurance, and miscellaneous administrative costs. Of this 9%, no more than 1 or 2% may be attributed to equipment costs.

It is not surprising that care and teaching comprises more than half of the total costs. This is the primary reason for the center's existence, and most personnel are involved in this work. Administration is the second most significant category in terms of percent of budget, accounting for 22% of the total. The ratio of costs of administration to costs of care and teaching of about .4 is close to the average of such ratios among our twenty centers. The percentages for feeding, health, and occupancy are also representative of the centers in our sample.

All of the above observations are equally true for the larger center designs which follow.

A Center With an Average Daily Attendance of 50 Children

Program Profile

Although this program is very similar to our design for ADA 25 (offers children the same basic services, etc.), some changes are necessary to account for the fact that it serves twice as many children. The facilities are enlarged through the addition of two classrooms for a total of 5 child classrooms. There are also more toilets and a slightly larger office space. There are now four classes of children, two each of 10 and 15.

There are now 15 paid staff. The teaching staff is doubled, with the same pattern of one teacher, one assistant teacher, and 1/2 aide per class. The overall ratio of staff to children remains 1:5. We see the addition of one head teacher (in place of a teacher) in one of the classes. We also note the addition of a full-time administrative assistant in place of the secretary, and increased working hours for the cook, the custodian and the nurse.

Staff Roster

1 director, full-time

1 administrative assistant, full-time

1 head teacher, full-time

3 teachers, full-time
4 assistant teachers, full-time
2 aides, full-time
1 cook, part-time (27-1/2 hours/week)
1 custodian, part-time (3/8 time = 15 hours/week)
1 nurse, part-time (8 hours/week)

The changing roles and responsibilities for these staff members are discussed in Appendix C.

Basis of Estimates

The per-child costs for all non-personnel components in the five functional categories are unchanged from ADA 25. Since this design is twice as big as ADA 25, total costs for these components has also doubled. (For example, foodstuffs cost per child is $150 in both designs: the total cost of foodstuffs is $7500 in ADA 50, whereas it was $3750 in ADA 25.)

Also, full-time equivalent salaries for most positions are the same in ADA 25--those for teachers, assistant teachers, aides, cook, nurse and custodian. Salaries requiring further explanation are as follows:

Director--Using the relationship between director's salary and center size mentioned in ADA 25, we estimate a salary of approximately $9400 for a center of size 50, or about $1000 more than for ADA 25.

Administrative Assistant--This position is somewhat like that of a secretary with relatively heavy responsibilities. Thus, the salary assigned should be at the upper end of salaries for such a position. In our sample, salaries for this position ranged between those for an assistant teacher and those for teachers. We are using here the average teacher salary of $6000.

Policymaking Structure

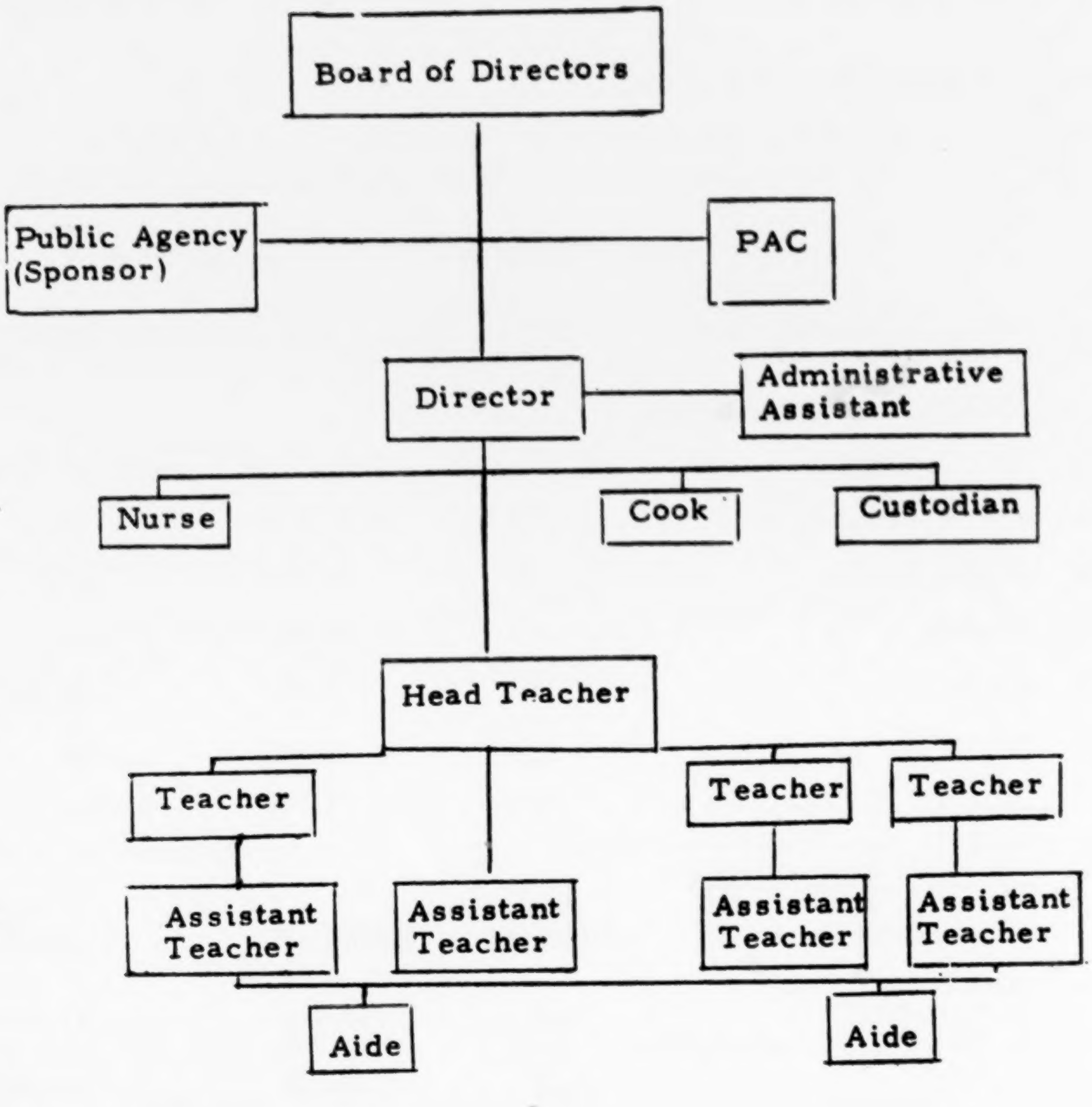

Table 3

Organization for a 50 ADA Center

Table 4

ESTIMATED ANNUAL COSTS FOR CORE PROGRAM OF 50 CHILDREN (ADA)

I. Summary of Operating Costs:

Total Estimated Cost: $111,135
(74% personnel, 7% foodstuffs, 9% rent, 10% other)

Cost per child: $2,223 per year $1.06 per hour

Cost per child/hour based on estimate of child/hours as
8.4 hours/child/day x 50 children x 250 days/year = 105,000 hours/year

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II. Functional Budget Summary

Category	% of Total	Total Cost	Cost per Child
A. Care & Teaching	56%	$ 62,432	$1,249
B. Administration	19%	21,171	423
C. Feeding	11%	11,802	236
D. Health	1%	1,650	33
E. Occupancy	13%	14,080	282
TOTALS	100%	$111,135	$2,223

III. Functional Budget Detail

Category	% of Category	Total Cost		Cost per Child	
A. Care & Teaching					
1. Personnel	94%	$58,682		$1,174	
2. Educational Consumables	3%	1,750		35	
3. Other	3%	2,000		40	
sub-total	100%		$62,432		$1,249
B. Administration					
1. Personnel	80%	16,971		339	
2. Other	20%	4,200		84	
sub-total	100%		21,171		423
C. Feeding					
1. Personnel	32%	3,802		76	
2. Foodstuffs	64%	7,500		150	
3. Other	4%	500		10	
sub-total	100%		11,802		236
D. Health					
1. Personnel	79%	1,300		26	
2. Other	21%	350		7	
sub-total	100%		1,650		33
E. Occupancy					
1. Personnel	13%	1,880		38	
2. Rent	71%	10,000		200	
3. Other	16%	2,200		44	
sub-total	100%		14,080		282
TOTALS			$111,135		$2,223

IV. Personnel Component of Functional Budget

A. Care and Teaching			
1 Head Teacher	@ 6,750	$ 6,750	
3 Teachers	@ 6,000	18,000	
4 Assistant Teachers	@ 5,400	21,600	
2 Aides	@ 3,450	6,900	
Fringe Benefits & Payroll Taxes	@ 10.2%	5,432	
sub-total			$58,682
B. Administration			
1 Director	@ 9,400	9,400	
1 Administrative Assistant	@ 6,000	6,000	
Fringe Benefits & Payroll Taxes	@ 10.2%	1,571	
sub-total			16,971
C. Feeding			
1 Cook, 2/3 time	@ 5,250	3,450	
Fringe Benefits & Payroll Taxes	@ 10.2%	352	
sub-total			3,802
D. Health			
1 Nurse, 2/10 time	@ 5,900	1,180	
Fringe Benefits & Payroll Taxes	@ 10.2%	120	
sub-total			1,300
E. Occupancy			
1 Custodian, 3/8 time	@ 4,550	1,706	
Fringe Benefits & Payroll Taxes	@ 10.2%	174	
sub-total			1,880
TOTAL			$82,635

Head Teacher--Salaries for head teachers with responsibilities similar to those outlined in the Appendix C job descriptions average about 12.5% above salaries for teachers. We computed salary for a head teacher on this basis.

Summary of Salient Cost Characteristics

Portions of total cost attributable to personnel, foodstuffs, rent and other are not significantly different from those in ADA 25. This is also true of the percentages of total budget found in the five functional categories. This is no accident, because most costs have increased proportionately with center size by design. This reflects our finding that there appear to be small but not dramatic economies of scale with the quality child care our centers offered. That is, costs per child do not fall very much as size of center increases, other things being equal.

As mentioned above, the cost per child for the non-personnel components of functional categories are unchanged. This is based on two premises:

1. There is little indication from our data that costs per child in these components decline with expanding center size, although our data is not extensive enough to state this as an absolute finding.

2. A reasonable assessment of program requirements would not suggest dramatic declines in per-child costs in these areas. For example, there is no good reason to believe that foodstuffs cost per child would be significantly lower in larger centers. Most of the savings to be achieved from volume purchasing may be realized in a center of 25.

An apparent exception to premise #2 might be in the area of rental costs. There is a natural presumption that rental costs per child would be lower in larger centers, other things being equal. Such a decline would have to be attributable to fewer square feet of space per child or lower cost per square foot or some combination of the two.

Our data did not reveal a significant relationship between cost per square foot and physical space, although again, data was not extensive enough to state this as an absolute finding. Too many other important factors operate to determine rental cost to be able to separate out the effect of size. Therefore, for lack of evidence to support a decline in rental cost/square foot with increasing size, we have adapted an assumption of constant cost per square foot.

Square feet of space per child, including space used by children as well as that used by personnel, might be expected to decline with increasing center size. It might be argued that, even though square feet/child of space used by children should not decrease with increasing ADA (lest program quality suffer), the space requirements of personnel need not increase proportionately with center size. No doubt there is some decline in total square feet/child from these sources, but it may not be particularly significant because total center staff is increasing almost proportionately with the number of children. There was simply no basis in our data for presuming a fall in total suqare feet of space/child with larger ADA centers, so it was not "built in" to the program design.

The decline in cost per child from $2349 in ADA 25 to $2223 (a savings of $126 per child) is attributable to declines in the per-child costs of certain personnel as follows:

1. Administrative costs do not rise proportionately (don't double) because the number of people required in administration doesn't rise proportionately with center size, and the higher salaries these people receive do not offset this source of saving. Actually, the saving is overstated, because the head teacher takes on some management chores (specifically, supervision and coordination of the care and teaching staff). There is

still a net annual saving, however, from care and teaching and administration taken together, of about $74 per child.

2. The time requirements for the cook and custodian do not increase proportionately with center size, so there is a saving of $52 per child from these two sources.

The time requirements for the nurse rise proportionately with center size, so there is no reduction in health costs per child.

4. A Center With an Average Daily Attendance of 75 Children

Program Profile

Compared with ADA 25, this design has almost three times the amount of child space and a noticeable increase in office space. There are 6 classes of children: three of 10 each, and three of 15 each. Each class has its own room. In addition, there are two multi-purpose rooms for large-muscle activity, music, dance and other creative activities and nap-time. These large rooms could be divided by sliding partitions to create large space for family grouping activities, large groups of children, or meetings of parents and community residents. The office space is enlarged to accommodate three full-time staff members, in addition to the work areas required by the nurse and teaching staff.

The total paid staff now numbers 21. In the support area, the nurse and custodian work longer hours in keeping with the increase in children and space. The cook's hours remain the same, on the premise that it does not require noticeably more time to cook for 75 children than for 50. If the scope of the program had been enlarged (e.g., a breakfast program had been added), more hours would have been required.

The teaching staff shows a return to the staffing pattern of ADA 25, times three, and the head teacher position disappears. In this center we find the director busier than ever. The secretary-bookkeeper is added to perform the duties of the secretary in ADA 25 and some of the duties of the administrative assistant in ADA 50. We note the disappearance of the administrative assistant and the head teacher, and the appearance of a full-time secretary-bookkeeper and a full-time assistant director. The assistant director assumes duties from several people. She takes on the management duties of the head teacher in ADA 50 (which belonged to the director in ADA 25). She takes some of her duties from the administrative assistant in ADA 50 (which also belonged to the director in ADA 25). Further, she relieves the director of many of her previous duties in ADA 50.

New staff members and their duties are included in the detailed description of this design in Appendix D.

Staff Roster

1 director, full–time
1 assistant director, full-time
1 secretary-bookkeeper, full-time
6 teachers, full-time
6 assistant teachers, full-time
3 aides, full-time
1 cook, part-time (27-1/2 hours/week)
1 custodian, part-time (20 hours/week)
1 nurse, part-time (12 hours/week)

Basis of Estimates

Per-child costs for all non-personnel components of the five functional categories are unchanged from those in ADA 25 and 50. Thus, total costs for a component are 3 times those for ADA 25 and 1-1/2 those for ADA 50.

Also, full-time equivalent salaries for most positions are the same as those in ADA 25 and 50. Such positions include the teachers, assistant teachers, aides, cook, nurse and custodian. Salaries requiring further

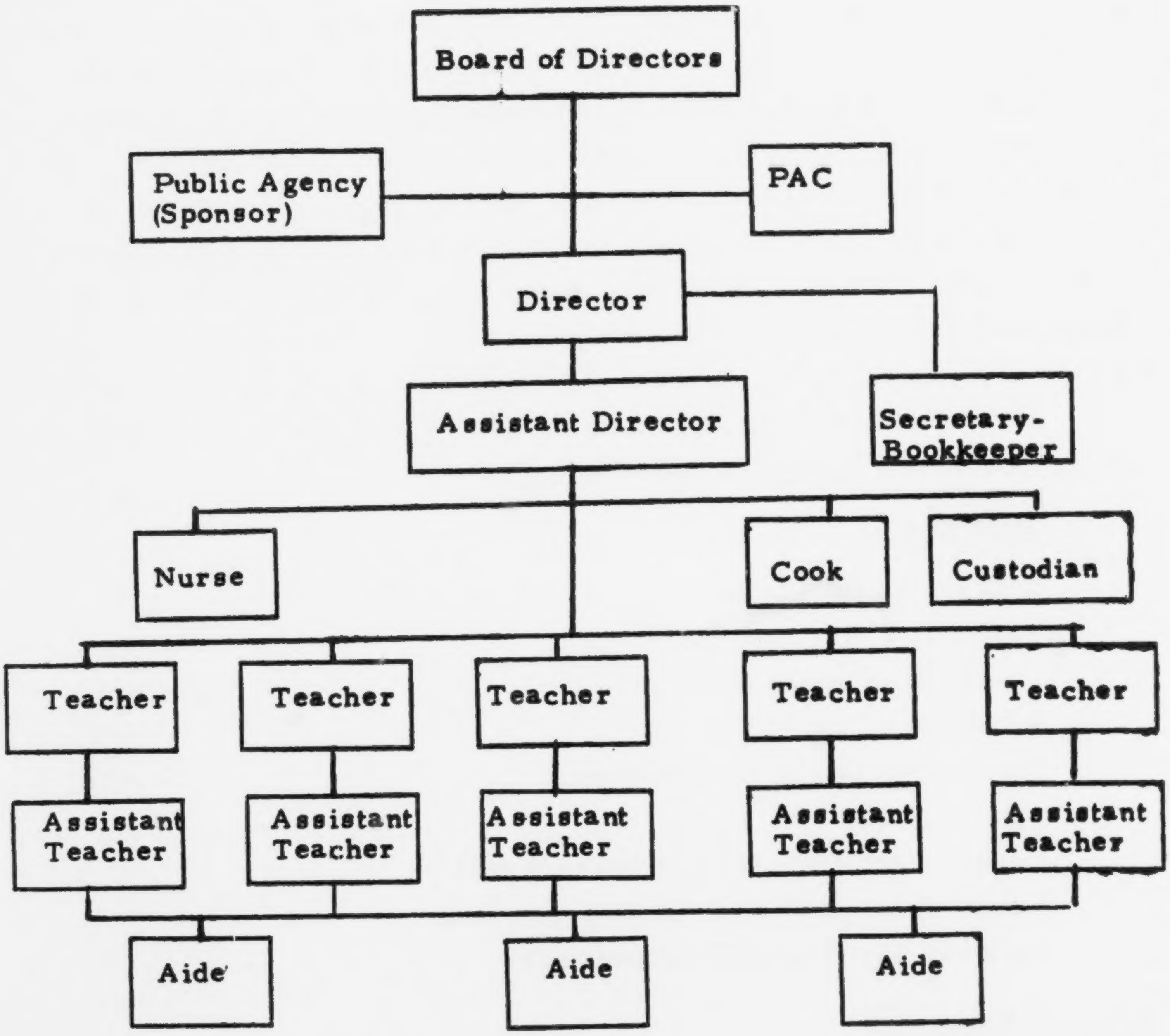

Table 5

Organization for 75 ADA Center

Table 6

ESTIMATED ANNUAL COSTS FOR CORE PROGRAM OF 75 CHILDREN (ADA)

I. Summary of Operating Costs:

Total Estimated Cost: $164,186

(74% personnel, 7% foodstuffs, 9% rent, 10% other)

Cost per child: $2,189 per year $1.04 per hour

(Cost per child/hour based on estimate of child/hours as
8.4 hours/child/day x 75 children x 250 days/year = 157, 00 hours/year

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II. Functional Budget Summary

	Category	% of Total	Total Cost	Cost per Child
A.	Care and Teaching	56	$92,408	$1,232
B.	Administration	20	32,638	435
C.	Feeding	10	15,857	212
D.	Health	1	2,476	33
E.	Occupancy	13	20,807	277
	TOTALS	100%	$164,186	$2,189

III. Functional Budget Detail

Category	% of Category	Total Cost		Cost per Child	
A. Care and Teaching					
1. Personnel	94	$86,783		$ 1,157	
2. Educational Consumables	3	2,625		35	
3. Other	3	3,000		40	
Sub-total	100%		$92,408		$1,232
B. Administration					
1. Personnel	81	26,338		351	
2. Other	19	6,300		84	
Sub-total	100%		32,638		435
C. Feeding					
1. Personnel	24	3,857		52	
2. Foodstuffs	71	11,250		150	
3. Other	5	750		10	
Sub-total	100%		15,857		212
D. Health					
1. Personnel	79	1,951		26	
2. Other	21	525		7	
	100%		2,476		33

III. Functional Budget Detail (continued)

Category	% of Category	Total Cost	Cost per Child
E. Occupancy			
1. Personnel	12	$2,507	$ 33
2. Rent	72	15,000	200
3. Other]	16	3,300	44
Sub-total	100%	$20,807	$ 277
TOTALS	100%	$164,186	$2,189

IV. Personnel Component of Functional Budget

A. Care and Teaching			
6 Teachers	@ 6,000	$ 36,000	
6 Assistant Teachers	@ 5,400	32,400	
3 Aides	@ 3,450	10,350	
Fringe Benefits & Payroll Taxes	@ 10.2%	8,033	
sub-total			$ 86,783
B. Administration			
1 Director	@ 10,450	10,450	
1 Assistant Director	@ 7,750	7,750	
1 Secretary/Bookkeeper	@ 5,700	5.700	
Fringe Benefits & Payroll Taxes	@ 10.2%	2,438	
sub-total			26,338
C. Feeding			
1 Cook, 2/3 time	@ 5,250	3,500	
Fringe Benefits & Payroll Taxes	@ 10.2%	357	
sub-total			3,857
D. Health			
1 Nurse, 3/10 time	@ 5,900	1,770	
Fringe Benefits & Payroll Taxes	@ 10.2%	181	
sub-total			1,951
E. Occupancy			
1 Custodian, 1/2 time	@ 4,550	2,275	
Fringe Benefits & Payroll Taxes	@ 10.2%	232	
sub-total			2,507
TOTAL			$121,436

explanation are as follows:

Director--The relationship between center size and director's salary mentioned in ADA 25 indicates a salary of approximately $10,450 for a center serving 75 children.

Assistant Director--The center in our sample which had a position quite similar to this one was paying a salary which was 80% of the director's salary and 119% of the average salary of teachers. This provides two bases for estimating the assistant director's salary. We used the average of salaries computed from these bases.

Secretary-Bookkeeper--The degree of responsibility called for in this position falls midway between that for the secretary in ADA 25 and the administrative assistant in ADA 50. We set this salary midway between those two salaries.

Summary of Salient Cost Characteristics

As was true of ADA 50, the portions of total cost attributable to personnel, foodstuffs, rent and other are not significantly different from the smaller center (ADA 25). This is true, also, of the percentages of total budget accounted for by the five functional categories:

The small decline in per-child costs, from $2223 in ADA 50 to $2189 in ADA 75 (a saving of $34 per child) may be traced to the following:

1. Care and teaching personnel costs decline from $1174 in ADA 50 to $1157 in ADA 75; this latter figure is exactly the same as the corresponding personnel cost in ADA 25 because the personnel in ADA 75 number exactly 3 times the personnel in ADA 25. The more expensive head teacher who supervised and coordinated teaching staff in ADA 50 is not included in this design. This work has been taken over by the assistant director in ADA 75. Thus, administrative personnel costs per child in ADA 75 are somewhat higher than those in ADA 50, but there is a slight total saving in the per-child costs of these two categories taken together ($5.00 per child).

2. The time requirements for the cook and custodian do not increase proportionately with center size, so there is a saving of $29 per child from these two sources.

The time requirements of the nurse rise proportionately with center size, so there is no reduction in health costs per child in ADA 75.

CHAPTER THREE

TAILORING A PROGRAM DESIGN

1. Introduction

In the preceding chapter we described the basic functions, activities, staff and costs for core programs of varying average daily attendance. As the introduction to that chapter indicated, the core program described will not ensure quality child care in all situations. Planning for quality child care requires careful assessment of the needs of the people to be served and a thoughtful allocation of available resources to services designed to be maximally responsive to client needs. In short, quality child care programs must be tailored for individual centers.

Programs can be tailored for a particular community in several ways. The basic scope of services described in Chapter Two may be extended. Supplemental services designed to meet special needs may be added to the core program. A third possibility is the addition of infant and after-school programs. And finally, alternative modes of service delivery such as child care systems and home care can be considered.

This chapter describes each of the program tailoring options which may be useful in designing quality child care services. Section 2 discusses Extended Basic Services, Section 3 describes Supplemental Services, Section 4 describes Basic Care for Infants and After-School Children, and Section 5 deals with Alternative Program Designs. In most sections, a brief discussion of costs is included to help the reader estimate cost variations from those described for the three core program designs in Chapter Two.

2. Extended Basic Services and Costs

Child care and early childhood education as the basic function of child care programs can be extended in a variety of ways. Many curriculum programs have been developed in the past few years for "compensatory" or "enriched" education of pre-school children. Language skills and the comprehension of numbers are the areas most frequently stressed by such programs. Helping a child develop feelings of competence and a positive self-image are implicit objectives of many early learning programs.

In the quality child care programs in our study, a variety of teaching methods were employed. Some programs used structured drills in language, numbers and other specific skills. Such drills were designed to stimulate immediate response and feedback to instruction. The Peabody Language Kit and the Bereiter-Engelmann programs were two such aids. Other learning programs (particularly Syracuse) are based on the concept of developmental stages, ordering cognitive tasks in sequential units. The Ypsilanti Pre-School and Infant project under the direction of David Weikart has published a great deal of detailed curriculum material based on such Piagetian cognitive development theory. (N. R. O. uses a combination of Ypsilanti and Bereiter-Engelmann.) Other centers in our study (notably West 80th Street; and Haight to a lesser extent) designed their own curricula to translate common daily experiences and environmental surroundings into meaningful learning experiences for the young child, stressing the role of the family in early childhood education. The Bank Street model exemplifies this approach.

The instructional value of particular teaching methods remains a topic of controversy among most experts in the field of child development and early childhood education. Systematic evaluation of many methods is still underway. Many learning programs have been shown to produce short-term gains, but long-term results have not been widely studied. In addition, the decision about which curriculum and teaching methodology to employ for a particular population will depend on the specific characteristics of the children, the attitudes and preferances of their parents, and the skills, knowledge and other resources available to center personnel. For these reasons, summary and evaluative remarks concerning curricula and methodologies lie outside the scope of this study. The interested reader is referred to the case studies in Volume II of this report for descriptions of the curricula used in individual programs.

The service aspects of basic care discussed in the core programs in Chapter Two were nutritional and health services. As child care programs move toward comprehensive service, the scope of these services can be expanded. In the following sections, we describe alternatives for extending basic nutritional and health services, based on information compiled on the twenty programs in our study.

Extended Nutrition Services

Nutrition services as described in the core programs consisted of two snacks and one hot meal per day. For particular communities or for individual children in child care programs, this may not be sufficient. Experts generally agree that proper nutrition is essential for healthy physical and mental development in children. When children are in a child care center for extended periods of time, or when they exhibit nutritional deficiencies, meeting nutritional requirements becomes essential for quality child care.

Nutrition services are frequently supplemented with the addition of a second full meal. Where children travel long distances to the center in the morning or where the program opens at an early hour, a hot breakfast is often added to the center's nutrition program. Programs operating late in the day and/or serving school-age children who typically arrive at the center during mid-afternoon and remain through the usual supper hour frequently serve an evening meal of sandwiches, fruit and beverages.

The addition of a second full meal to the center's nutrition program does not necessarily require more staff. If a great deal of time elapses between the first and last meals of the day, volunteers, part-time staff or regular staff with other duties (such as teaching aides) typically assist the cook in meal preparation and serving.

Compensatory nutrition programs may also be added. Such programs are designed to address special dietary problems such as malnutrition, food allergies, protein and vitamin deficiencies and chronic diarrhea. Compensatory nutrition programs require people with specialized knowledge of dietary and nutritional problems. In addition, health personnel should be available to prescribe and evaluate nutritional compensation. Meal planning can often be accomplished by the cook with the advice of a consulting dietitian. Associated health care is given through medical referral with follow-up by the program's nurse.[1]

In addition to special meals and compensatory nutrition programs, quality child care programs frequently extend nutrition services through a concerted effort to teach children about food. Typical activities include helping children to grow vegetables, trips to the supermarket, teaching children to prepare meals, and so on. One program in our study had a particularly interesting nutrition program, where the cook was an integral part of the child care and teaching staff.[2]

Extended Nutrition Program Costs

Generally, extended nutrition services need not result in significantly increased costs. Typically, regular staff invest additional time without additional wages. Where meals are added to the daily nutrition program, foodstuffs cost per child may be somewhat higher. The estimated increase in foodstuffs costs would probably be on the order of 40% to 60%. However, many child care programs are eligible for food subsidies and surplus food, and therefore would not necessarily incur increased food costs with the addition of a second meal. Even to the extent that compensatory programs require the substitution of special foods to compensate for dietary deficiencies, costs may not be significantly increased.

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1. See Berkeley Case Study.
2. See Mecklenburg Case Study.

Where professional nutritional and dietary advice is needed, centers can sometimes call upon available community resources at no expense. Where consultation services must be paid for by the program, the additional expense is, however, minimal in terms of increased costs *per child*.

Extended Health Services

Health services in child care programs are most commonly expanded by more extensive referral to community health services, the use of consultants or volunteer professional staff in the center, or some combination of the two. Referrals are usually made by the director, the nurse or a social worker, and extensive follow-up of referrals is done in conjunction with carefully kept records. In centers with a formal link to an outside health service such as a child care program in a hospital,[1] or a program with access to medical services provided by its sponsor,[2] extensive referrals can be made more readily.

Extended health services fall into the following general categories: general medical, special testing, dental, psychological, and special services for the handicapped.

General medical services include physical examinations, diagnostic testing, and inoculations and immunizations. There services are most commonly provided by referrals to a local clinic or occasionally to private physicians. If such services are provided to all children, it is generally more practical to have medical personnel come to the center.

Special testing in such areas as hearing, vision, speech, sensorimotor, and so on, is most often provided by referral for a particular child who is suspected of having a problem. Special testing may also be included as part of the regular pre-admission or annual physical required of all children in the program. In some programs, trained personnel come to the center to administer special tests. Sometimes these were students, or members of private, civic, or charitable groups.

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[1] See Georgetown case study.

[2] Amalgamated, 5th City.

Dental examinations and treatment may be part of the regular check-up or may be provided only as the need arises. Dental services are usually provided through referral.

Psychological services are provided on an individual basis as necessary through referral to local mental health clinics. In some instances, mental health workers may come into the child care center to engage in play therapy, observe particular children, or instruct staff in the most effective ways of dealing with disturbed children. Such activities are rare, however, since most child care programs do not admit children with severe emotional problems.

Special services for the handicapped child may be provided through referral to special service agencies. Center personnel typically assist parents in obtaining necessary attention and equipment, such as braces, from outside sources. In centers serving large handicapped populations, special curriculums and staff training may become an integral part of the child care program.[1]

Transportation to and from the health service is an activity common to all child care programs with extended health care programs. In addition, staff often help parents make appointments for children with special service agencies.

Extended Health Care Costs

The twenty child care programs in our study divide themselves into two distinct groups with respect to health care costs. Twelve of the twenty centers are spending \$38/child or less for health care of the type described in the core programs of Chapter Two. The other eight centers are spending \$95/child or more for extended health care. Specifically, costs of extended health care in these eight programs ranged from \$95 to \$516 per child, with an average cost of \$192.

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[1] See Casper case study.

This range in cost appears to be related to the needs of the children. In other words, all eight centers appear to be providing comprehensive services: the greater the problems, the more a comprehensive service will cost. Thus, the lowest-cost service provides for regular medical and dental check-ups and the services of a consulting psychologist. The high-cost center (Ute) employs a half-time nurse for 22; provides for regular medical and dental check-ups; and depends on in-kind donations for the services of a pediatrician, a psychologist, special clinical examinations and treatment (for eye, speech and hearing problems), and the facilities of a local clinic for special medical and dental services.

Personnel costs account for almost all of the cost associated with extended care, with very little going for supplies. Six of the eight centers receive a portion of the total costs of extended health care in in-kind donations; three of the centers depend on in-kind donations for 100% of the health service. Of the other three programs using in-kind donations, the percentages of in-kind contribution are 15%, 41% and 59%. The general rule seems to be that the poorer in dollars the center, the greater the proportion of health costs which are covered by in-kind contributions. Either the director must find funds to cover such services or spend a great deal of effort searching for in-kind aid which may not be forthcoming.

3. Supplemental Services and Costs

In addition to the basic services described in the core programs, child care centers may choose to offer various kinds of supplemental services to parents, community residents and staff. The type and number of supplemental services offered will depend on the needs of the people the program serves and the ability of the program to offer these services without jeopardizing the quality of child care.

The supplemental services most commonly provided may be grouped in four major categories: transportation; social services; community organization; and staff training.

Transportation

The majority of programs in our study did not provide transportation because the centers were close to children's homes and parents were able to assume this responsibility. Many centers serve a compact, inner-city neighborhood or housing project where children can easily walk or use public transportation if parents do not own a car. Parents often form car pools for transporting children,and in some instances gasoline costs may be reimbursed by the center.[1] However, transportation becomes a critical service for programs serving widespread communities such as rural areas[2] or in programs where transporting children poses a difficult problem for parents.

Child care programs offering transportation generally do so by means of buses, vans or cars which they lease or own. Typically, where transportation is provided by the center, not all children in the program will use the service.[1] The bus driver often serves part-time in another capacity such as handyman, teacher or cook's assistant, or secretary. Depending on the ages of the children and the length of time they must spend in the vehicle, varying numbers of transportation aides may be required. These aides are often volunteers or part-time staff whose job is to care for the children and to keep them happy and amused. They might tell stories and lead games and songs. According to center policy, it might also be necessary for them to have parents sign their children in and out each day.

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[1] See Greeley and Ute case studies.

[2] See Kentucky case study.

Transportation Costs

Of the five centers in our study providing transportation, four had paid drivers on the staff. In the other center, parents participated by forming car pools and were reimbursed by the center for vehicle expenses. Three of the centers leased vehicles, while the other two reimbursed drivers for the expenses incurred in operating their own vehicles.

With the exception of the center using parent car pools, in-kind donations accounted for a very small portion of the total cost of transportation programs. Consequently, if a center plans to offer transportation, it is likely that center funds will be needed to cover the full cost. Donated inputs are difficult to obtain for this service.

Transportation costs per child ranged from $68 to $226 per year, with an average of $141. The center dependent on parent car pools offers the lowest cost ($68) for transportation. The center whose costs are second lowest ($102) does not provide transportation for all children. The remaining three centers from which the most reliable data was obtained seem to provide relatively complete service: therefore, these centers form the basis of the discussion to follow.

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[1] One program in our study was a special case. All children -- 92 infants and pre-schoolers--travel in center buses which average 150 miles a day. See Syracuse case study.

The cost of providing transportation divides logically into two categories: 1) drivers' salaries and 2) operating cost of the vehicles.

Drivers' salaries, on a full-time equivalent, annual basis, ranged from $4,400 to $5,700, with an average of $5,000. Personnel, as a percentage of total cost, ranged from 56% to 66%, with an average of 62%. On a per-child basis, the average cost of personnel was $110 per year. As for the number of personnel required, it appears that one half-time driver is needed for each 25 children. The position of driver can rarely be more than part-time (although it can be combined with another part-time function, such as secretary or custodian, to create a full-time position), because children are normally transported to and from the center at about the same hours during the day. Only if pick-up and delivery times are staggered (as was true at one center) can the position of driver be full-time.

The operating cost of vehicles includes gas, oil, servicing, maintenance, insurance, depreciation and taxes. If the center owns its own vehicles, these expenses are covered in the center budget; if vehicles are leased, all expenses except gas and oil are typically included in the rental price. If the center reimburses the driver for the use of his own vehicle, the reimbursement should be sufficient to cover these vehicle costs. At the center using this arrangement, the reimbursement rate was 8¢ per mile.

Of these three arrangements, the reimbursement-to-driver plan seems to be the best. It is probably the least expensive, and in addition, the driver assumes all responsibility for vehicle performance. The second choice would probably be center ownership of vehicles, a less expensive method than leasing. But this means that the center must raise money to buy the vehicles. When this is not possible, the vehicles must be leased.

Vehicle costs on a per-child basis ranged from $51 to $76, with an average of $67. As a percentage of total transportation costs, vehicle costs ranged from 34% to 44% with an average of 38%.

If a transportation service were to be added to ADA 25, the addition to the center's budget, based on the data above, would be the following:

Annual Budget for Transportation Component of ADA 25

ITEM	RATE	COST	TOTAL COST	COST/ CHILD	% OF TOTAL
1 Driver, 1/2 time	$5,000	$2,500			
Fringe benefits and payroll taxes	10.2%	255			
		$2,755	$2,755	$110	62%
Vehicle Cost	$67/child		1,675	67	38%
TOTALS			$4,430	$177	100%

Transportation estimates for ADA 50 and ADA 75 can be figured by multiplying the above total figures by 2 and 3 respectively. Cost per child would remain unchanged.

Center planners should keep in mind that the above cost estimates are offered primarily as guidelines. Costs in a specific program will vary depending on the number of children needing transportation, the nearness of the children to the center, and drivers' salaries. Also, innovative alternatives such as parent car pools may considerably reduce the center's expenses.

Social Services

Social services are typically offered to the parents and families of children in the child care program, although they may be extended to the larger community. Social services most frequently offered in the twenty child care programs we studied fall into three general categories: counseling; education or training; and services and material assistance.

Counseling-- This means providing someone to discuss a parent's problem or concerns with the parent individually. It usually comes as a response to the particular needs of the parent for personalized information, guidance or discussion. This counseling is commonly about child problems, family and marriage problems, family planning, and (less frequently) psychological problems. It can include tips on such areas as meal planning, cooking, nutrition, budgeting, health, and other practical areas. Sometimes counseling makes the parent aware of other places he can go for help.

In a program offering limited social services or "making do" with regular staff, this counseling is usually done in the center (or sometimes in the home) by the director or the teachers. Any additional counseling for which these staff members do not have the time and/or the training or knowledge is done by counselors not on the center staff. The center may send parents to these outside people.

The next level of social services calls for the addition of new staff. This person may be a consultant, a volunteer or a full-time staff member.

He may be called a social worker, a counselor, a community aide, a parent coordinator, or some other name. He may be a professional or a non-professional community resident familiar with the community and its resources. The amount of time this person spends counseling and the extent of services he provides varies widely. He may meet with parents regularly as often as once a week or be available only on request. Once again, he may serve mainly as a resource person, directing parents to outside places for help, or he may spend more time actually providing the answers to questions, etc. All social service programs, no matter how extensive, rely to a certain extent on referrals to outside help.

Education or Training -- A second type of service often provided is education or training. This education is most often presented informally to small groups of interested parents or at monthly parent group meetings. This education may not be continuous on any one topic. A variety of topics are touched upon, perhaps a different one each time the group meets.

Another, more formal kind of education occurs less frequently, with regularly scheduled classes studying various topics in depth. Topics vary according to parents' needs and the availability of qualified teachers. Perhaps the most common area is child development and early childhood education. This may be adapted in order to explain the curriculum and teaching methods used by the center. Other popular areas are those discussed in counseling --- nutrition, family planning, budgeting, health and so on. The difference between this education and counseling is that the information here is more general and not in response to one particular person's situation. Instruction is sometimes given in consumer education, grooming, home economics (sewing, cooking, etc.), preparation for childbirth, drug and alcohol abuse, care and management of homes, housing and tenants' rights, problems of working mothers, first aid, and exercising.

Several centers even offer training in driver education.

Informal instruction is most often given in group meetings at the center with a talk, discussion, demonstration or film. The presentation is usually made by the staff member most qualified in the area (the nurse, for instance, might talk about health problems). Outside experts may be asked to participate. More formal instruction is led by a staff member, a parent or community volunteer with knowledge in the area, or a staff member of a local institution or agency. These groups generally meet once a week.[1]

In addition to the kinds of informal and formal education described above, some centers offer parents formal academic training--usually adult basic education, GED, etc. Where parents speak a language other than English, some centers offer instruction in English. These programs may be offered at the center and taught by center staff. More often than not, though, the courses are taught by a volunteer or another outside person, or the parents are referred to an existing adult education program somewhere in the community.

Another possible type of education is job training. This is not to be confused with center staff training. It is seldom, if ever, done exclusively by an individual center. Many child care programs assist in job training by using student teachers and trainees from such programs as WIN, NYC and New Careers as staff members. These workers are generally involved in the center's in-service training in addition to working with experienced staff members.

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[1] An additional form of parent education is found in the few centers which open their staff training program to parents also. For an example, see Ute case study.

In a few cases, job training is offered not by the center but by an organization associated with the center -- often the organization which helped start the center in the first place. One such program offers parents and community residents 9 to 12 month courses training to be welders, mechanics, secretaries, nurse's aides, beauticians, etc.[1]

This center also trains parents in GED and in regular staff training and employs them as regular staff members. After they are trained, they are encouraged to move out into jobs in the community. They are particularly well-suited to become teacher's assistants and bilingual aides in the public school system.

Another center offers parents job training through their tribal organization. The tribe owns a motel and recreation complex and a furniture factory. There are training programs for employment at the motel and as furniture and cabinetmakers in the factory.[2]

Another way some centers encourage parents to enter job training is through an admissions policy which takes children of parents in school or job training. The most common and, it seems, practical way of providing job training for parents is by referring them to community training programs such as New Careers, WIN, and others.

Services and Material Assistance-- In addition to counseling, education and training, there are two other areas of social service that child care programs provide: other needed services (medical, housing, etc.) and material assistance. These services are usually offered to the entire family.

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[1] See NRO case study

[2] See Ute case study

Material assistance is most often emergency food, clothing, medicine, housing, food stamps and surplus food furnished by local individuals, churches, the Red Cross, government agencies or similar groups.

Health services can include testing, treatment, therapy and check-ups for medical, dental and mental problems, as well as services for the handicapped, family planning, prenatal and well-baby care, and so on. Usually, these services are not provided by the center, but families are referred to local clinics, hospitals, public health agencies and visiting nurse programs.

Other needed services are those dealing with housing (tenants' rights, financing, locating adequate housing, building inspection, etc.) legal aid and advice, rehabilitation services, job placement and public assistance. These are usually provided by steering the parents to local resources. Any source available to the center is used for these referrals.

Several centers help parents and community residents with translation and transportation. These centers serve primarily rural and migrant populations and in many cases, merely telling a parent where he can get help and making an appointment is not enough. Where translation and transportation are needed, it is usually provided by volunteer workers, community aides, and other staff members.

In order to show more clearly how a real center might set up and operate a social services program, several examples follow.

One center offers almost all parent services through home visits.[1] This is a research program, and a mother enrolls before the birth of her child. Para-professional women who are child development trainees visit clients weekly before and after the birth of their babies, offering counseling, giving advice on nutrition, teaching methods, and discussing problems.

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[1] See Syracuse case study.

Another program is a large child care system serving several isolated rural counties.[1] Not only are the homes isolated, but there are often few services available in the area. This program's solution has been to provide homemaking services to parents. Before a child is admitted, the home is visited by a social worker. After admission, the family is offered the services of a homemaker if they wish them. The system's homemakers were first trained in basic home management skills--cooking, nutritition, sewing, and the use of medical and social resources, and through experience, they have gained other useful information. The families choose the areas they want to talk and learn about. Homemakers frequently discuss family and child problems, family planning, consumer education, physical fitness, and give instruction in adult basic education, driver education and home repair. The homemaker also provides social contact with the outside world, and groups of parents sometimes are able to get together at the center. Volunteers (under a volunteer coordinator) have been successfully used in this program, chiefly as assistants to the social worker and as helpers on special projects.

A more typical example of an active social services program is provided at another center, at which the director, parent coordinator and nurse all take a role in referring parents to local services and in following up on these referrals.[2] Parents are encouraged to make use of all these outside resources. The center has established linkages with many local public and private organizations. In addition, the nurse offers health counseling to mothers. There are regular parent education classes in addition to monthly parent meetings. Educational consultants are brought in on parents' requests, and classes are arranged with local universities. A parent corporation was formed to make and sell aprons as business training. Community members of the board hold workshops for parents at which they give assistance in their fields (e.g., legal advice).

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[1] See Kentucky case study.

[2] See Central City case study.

Still another center which works mostly with a migrant and ex-migrant population relies chiefly on the director and two staff members called community aides.[1] These aides act as liaisons between parents, the center, and local agencies, and as staff resource people. There is a parent education program which offers, among other things, instruction in English. A fund-raising Mexican dinner was served to the community, and the sewing class put on a fashion show. The center relies heavily on volunteers to teach parent classes, to provide transportation and translation for parents' social services appointments, etc. The program emphasizes parents' getting to know and understand the community and their rights, as well as knowing where to find housing, jobs and medical aid.

Social Services Costs

Adding social services to a child care program can raise center costs if special staff are required. In the twenty programs in this study, virtually all of the additional costs of providing social services are attributable to personnel. This is not to say that center resources are not used--the center is the physical base of operations. Office space, use of the telephone, and use of building space in the evenings and on weekends may be required. But for the most part, these resources are needed any-way in the running of the center. Additional demands made on them for social services add very little to costs.

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[1] See Holland case study.

Social services are typically provided by center personnel with job titles such as social worker, parent coordinator, and community aides. Annual salaries for social workers in child care programs ranged from $6,500 to $7,800 with an average salary of $7,000. Annual salaries for parent coordinators ranged from $4,000 to $6,300, with an average of $5,200. Community aides were found at only one center in our study: they were paid $4,800 a year.

Of the ten centers in our study offering extensive social services, costs per child ranged from $16 to $310 per year. This wide range is due primarily to varying scope of the services, which depend in turn on the needs of client families (subject to the center's own financial ability to provide the services). Only five of the ten centers offering social services depended on in-kind donations. Among these five, the percent of total cost accounted for by in-kind donations ranged from 2% to 100%. Four of the five centers depending on in-kind donations are providing the most costly programs. One could conclude from this that the more extensive social service programs at present depend on in-kind contributions.

Community Organization

In addition to transportation and social services, some centers engage in community organization activities as a supplemental service. In our study of twenty programs, fewer than half engaged in such activities, but among those which did, substantial staff time was devoted to this involvement.

Child care programs active in community organization see themselves as the advocate of the family in the political and economic context of the wider community. Such activities are particularly common where the child care program is affiliated with a larger organization devoted to making positive changes in the quality of life of community residents, particularly the poor. Programs affiliated with Community Action Agencies or Model Cities programs are examples.

If the funding source allows the center to participate in community organization, and if the program serves a clearly-defined community with common interests and needs centers may be involved. Frequently such activities are catalyzed by the need for more child care in the community. The demand for extended child care often introduces parents and potential child care recipients to the political arena.

Staff of child care programs involved in community organization are typically administrative personnel--the director and assistant director, if one exists. Teachers and aides may also be involved if community organization activities require extensive community outreach. Examples of community organization activities are: technical assistance advice and loybbying support for improved housing and physical improvements including street lighting, flood protection, paving, and the installation of traffic lights, sidewalks and gutters; and advocacy for improved service from various community service agencies including the Department of Public Welfare, Public Health Department and local schools.[1]

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[1] For examples of community organization activities engaged in by centers in our study, see the following case studies in Volume II: 5th City, Haight-Ashbury, West 80th Street, Holland, Greeley, Ute, and Berkeley Unified Schools.

Community Organization Activities Costs

Because community organization activities tend to use existing center resources, it is difficult to determine costs. However, it is evident from our study that extensive community organization activities are a significant drain on center resources. In the one program in our study where costs of such activities could be estimated, they appeared to require approximately 40% of the director's time and 50% of the assistant director's time, implying a cost to the program of $300 per child per year. On the other hand, effective community organization by centers may lead to increased donations of in-kind labor and supplies.

Staff Training and Career Development

All the centers we studied did some kind of staff training, ranging from informal, in-service staff support to formally structured staff development programs.

Career development is an integral part of staff training programs. Many programs have developed career ladders to help center personnel advance. Career development frequently includes continuing education; well over half of our twenty centers actively encourage staff members to continue their academic training by obtaining GED or college credits related to child development and early childhood education. Frequently centers absorb the costs of GED and college courses. Some centers offer cash incentives to staff for completing academic training. In a few cases, centers have arranged for local colleges to grant college credit for staff training programs conducted by the center. Centers typically secure supplementary funding for staff training and career development from outside sources such as OEO-funded Concentrated Employment Programs, WIN, or Title I of the Higher Education Act.[1]

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[1] See Central City case study.

In-service training typically involves orientation to the program's policies, practices and curriculum, plus training in program planning, parent relations and emergency first aid. In addition, staff are trained in the provision of various social services offered by the center. In some cases, Head Start training packages are adapted for in-service training. This training is conducted by existing staff through regular staff meetings and team teaching situations where new staff members are paired with experienced teachers. Some programs encourage staff to attend seminars and conferences on child care sponsored by outside organizations such as the 4C and Child Welfare League. In some cases, staff from other agencies conduct in-service training for center personnel.[1]

Staff Training and Career Development Costs

Training can be a cost-saving device when it allows the center to hire competent people without formal educational credentials. The costs of training are typically offset by the increase in salaries necessary to recruit and retain more formally qualified staff.

The cost per child of staff training ranged from $20 to $160 in the programs studied, with an average per-child cost of $71 per year. Only three of the seven centers providing formal staff training depended on donated inputs, but their dependence was extensive. The percentages of total staff training cost attributable to in-kind donations were 55%, 67% and 100% in these programs.

Personnel costs accounted for 100% of the cost of staff training in two of the programs offering training. In two other programs, personnel costs accounted for 77% and 67% of the cost of training. In three other programs, however, personnel costs did not account for any of the cost of staff training. This variation reflects differences in scope and content of training programs.

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[1] See Berkeley, Ute and West 80th Street Case Studies.

4. Basic Care for Infants and After-School Children

Depending on demand for care in the community, child care programs may want to extend services to children other than pre-schoolers. This is often the case where child care frees parents for work and other activities, and older and younger siblings of the pre-school child need attention and care to allow parental flexibility.

Child care for infants, toddlers and school-age children must be tailored to meet their special requirements. Infants (a few months to one-and-a-half years of age) need a great deal of physical care. Because they have limited mobility and physical resources, they are more dependent than older children on adults for stimulation and social contact. Toddlers (one-and-a-half to three years of age) require somewhat less physical care but are still very dependent on a maternal figure for emotional support, comfort and approval. For both age groups, emotional and intellectual growth requires a stimulating and interesting environment, adequate opportunities for exploration and physical activity, and a great deal of face-to-face human contact.

School-age children (six years of age and older) who spend most of the day in school require a minimum of physical care. For them, the center must offer a broad spectrum of enriching and skill-enhancing experiences geared to the maturity and experience level of older children. Well-designed child care programs for school-age children expand the child's world view, increase his appreciation of his own and other life styles, build his sense of confidence and self-worth, and provide him with relevant models for adult behavior. Older children also require greater responsibility and control over their own activities.

Let's look at quality child care for these age groups.

Infants and Toddlers

Quality care for infants and toddlers is a complex issue about which many experts in the field disagree. Several reputable people in the area of cognitive and affective development argue that no infants should be cared for in child care centers. Because of widely divergent opinions and practices, it is impossible to treat all aspects of quality care for infants and toddlers here. The interested reader is referred to individual descriptions of infant and toddler programs in the case studies, Volume II of this report.[1]

Quality child care for infants can be evaluated to a large extent by looking at the children's behavior. If the children function physically and emotionally in a child care environment the way their counterparts do in a positive home environment, the center is probably doing an adequate job. Infants in the quality centers studied are physically active, alert and interested in what's happening around them. They reach out to explore and manipulate objects, express themselves by babbling and talking, and show delight in eliciting responses from adults and other children. As behavior becomes more complex, as in the case of toddlers, child behavior alone is no longer a reliable measure of quality, although it does continue to be an indicator. The following factors appear to be important to the quality of child care for young children:

Physical Environment--Of the many factors influencing the quality of care, the physical environment is the easiest to control. In quality programs, facilities are clean, warm and free of hazards. Efforts are made to ensure that surroundings include bright colors, varied objects, and other interesting things to look at, listen to and feel. Walls may be decorated with pictures and cut-outs of brightly colored objects, and playthings are kept on open shelves accessible to the exploring child. Overall, the physical surroundings in quality child care centers are stimulating and challenging rather than monotonous and lacking in detail. Chaotic, noisy and disorganized surroundings which might startle or disrupt playing infants and toddlers are avoided.

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[1] See 5th City and Syracuse University studies.

Scheduling--Stimulating surroundings would be of little value if the infant or toddler were confined to a crib or playpen most of the time. In quality centers, infants are taken to different areas and allowed to intereact with different people during the day. They spend part of the day on the open floor so they can explore and move about. At other times they are placed in high chairs or at play tables. For at least part of the day they are allowed to mix with older children who are often quite skilled at amusing younger children.

Generally, a consistent and predictable daily routine of naps, meals and playtime seem desirable, but adult responsiveness to particular child needs such as diapering and expressions of affection should result from the child's expression of need rather than punctual routine.

Adult Behavior--Adult behavior in child care of infants and toddlers is perhaps the most important factor and the most difficult to prescribe or control. No list of practices is likely to be applicable to all children or acceptable to all adults, but there are a few basic goals for adult behavior on which staff in quality programs agree: infants and toddlers need to have a feeling of security in their own environment and trust in the adults around them; they require a consistent and warm relationship with a maternal figure. Based on our observations, the following adult behaviors address these goals and are practiced in quality programs:

(1) Nurturance. In quality centers, staff members talk to and hold infants a great deal while performing routine activities such as diapering, bottle and solid feeding. They comfort and talk to infants when they express a desire for contact. During times of special stress such as arrival and departure, staff are on hand to help the child cope with his distress.

(2) One-to-One Attention. For the very young infant, the human face is the most interesting, pleasurable, and varied object in the environment. For older infants and toddlers, sustained socializing with an adult is a powerful learning experience. In quality centers, staff members spend a significant amount of time with one child, playing games and babbling back and forth.

(3) Guidance. Simply interrupting a child engaged in a dangerous, frustrating or disruptive activity is an appropriate but incomplete response. Offering interesting alternatives to engage the child's energies along constructive and satisfying lines can be helpful because it enhances a child's feelings of competence rather than contributing to feelings of helplessness and frustration. In addition, children need to be taught to recognize accomplishments, thereby helping to build feelings of self-worth. In quality child care programs, adults use things such as re-direction of activities and praise to gain these objectives.

(4) Consistency. Staff in quality child care programs make a conscious effort at consistency and predictability in daily routines. Several center staffs felt that a consistent relationship with one adult over an extended period of time was an important characteristic of quality care for young children.

The desirable adult behaviors described here pose certain implications for program staffing and staff deployment. Most significantly, quality child care programs for infants and toddlers emphasize the importance of maintaining an adequate number of staff for this age group. Staff-child ratios for infants and toddlers in our quality centers typically ranged from 1:3 to 1:5, and rarely exceeded the high end of the range. Moreover, the kinds of people used as staff are a critical variable. Quality programs seem to give priority to people with warm and responsive personalities, people energetic enough to extend themselves right to the end of a long and active day.

After-School Children

Programs for school-age children must be geared to the maturity and experience levels of the children involved. This is particularly important since older children can "vote with their feet." If programs are boring and too highly regimented, they typically won't attend regularly.

Those centers with after-school programs in our study served children ages six through twelve. Because adolescents have special needs, there are fewer programs for these children. The needs, capabilities and interests of children within the six to twelve age range vary widely. Younger children (6-8) require a good deal of physical exercise to let off steam after being confined in school. They are still very much interested in toys and make-believe play. Somewhat older children (9-11) typically want to participate in decision-making for planning of activities. The peer group becomes more influential and is an important source of learning and satisfaction. Adolescence (12-16) introduces dramatic physical, emotional and intellectual changes. This is frequently a critical period for the formulation of adult identities, the development of boy-girl relationships and life philosophies, goals and ideals. Concerns about sex, peer group acceptance, interpersonal relations and personal adequacy become all-important.

To accommodate parent schedules and school hours, programs for school-age children require flexible and extended schedules. Most of the after-school programs in our study operate between 3:00 p.m. and 6:30 p.m. on regular school days. Some are also open from 6:00 a.m. until school begins. Kindergarten children are often part of the regular pre-school program, attending the center for half a day either in the morning or afternoon. The three programs with formal school-age programs in our study also provide full-day care on school holidays and during the summer. Because of these schedule demands, after-school programs often rely on a good deal of volunteer help.[1]

Generally, fewer staff members are required for adequate care of school-age children than for comparable pre-school programs. In the programs in our study, observed staff-child ratios for school-age children ranged from 1:8 to 1:13. The ability of staff members to relate well with children becomes increasingly important with older children. Racial and cultural congruence and the presence of male staff members are also important.

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[1] For detailed descriptions of after-school programs, see the 5th City and (Houston) Neighborhood Centers case studies.

Services for school-age children in the programs we studied fall into the following categories:

Recreation--Programs for school-age children provide varied recreational opportunities. If facilities are not available at the center, arrangements are made to use the resources of other community programs such as the YMCA or city recreation department.

Education--Child care programs which seek to be more than chaperoning services for older children provide educational services to help children and supplement the school classroom as a learning environment. Tutorial programs are typical. In addition, programs for school-age children may provide courses not offered in the conventional school curriculum, such as Black History, foreign cultures, or interpersonal relations. Subjects which are relevant to the environment, cultural and family styles of the participating children are given priority.

Social Services--School-age children who are not receiving adequate social services through their families or schools receive social service support from quality after-school programs. Some centers offer health services, diagnostic testing for learning problems, the provision of eyeglasses, hearing aids and adequate clothing, etc.

Broadening Horizons--Programs for school-age children typically take advantage of resources outside the center as learning opportunities. Field trips to museums, libraries, factories, department stores, and neighborhoods other than those of the children are often used.

Career Preparation--Quality programs for older children typically make an effort to familiarize children with a broad spectrum of careers and emphasize individual capabilities for career achievement.

5. Alternative Programs and Costs

In planning child care services for a community, home care and child care systems are alternatives to the single child care center. Home care is child care for small groups of children in private homes under the supervision of a woman who frequently cares for her own children in addition to others in the group. Child care systems are groups of individual centers and, in some cases, day homes associated under one central administration.

In our study of twenty child care programs, seven programs were child care systems. Of these seven, four have centers only, two have both centers and day homes, and one is entirely composed of day homes.

Child Care Systems

Systems are a logical solution to the problems associated with providing care for large numbers of children, particularly when substantial funding is available. Funding for systems in the study included Title Iva of the Social Security Act matched by local and state funds, Model Cities supplemental funds from the Department of Housing and Urban Development, Office of Economic Opportunity grants, public school taxes, research foundation grants, United Fund money, private endowments and parent fees.

There is no evidence from our study that child care in systems is of higher or lower quality than child care in single centers. But our evidence does suggest that special problems may emerge in providing quality child care in large centers, particularly in the maintenance of favorable staff/child ratios. Thus, child care systems care for large numbers of children in small, decentralized facilities. Systems permit centralized funding and a systematic response to demand without raising possible constraints on the quality of child care. One system in our study serves metropolitan New York City, another serves six counties in the state of Washington, and a third provides child care to nine counties in Kentucky.

Depending on the specific characteristics of the local community, the central administrations of systems are very powerful or relatively weak; they perform nearly all of the administrative functions associated with child care or nearly none. The overall director of a system is nearly always concerned primarily with the recruitment of resources and major personnel and policy issues. Performance of other administrative activities is shared in a variety of ways between the overall system director and the directors of individual centers within the system. For detailed descriptions of administrative activities, the interested reader is referred to the seven system case studies in Volume II of this report.

All systems have an overall board of directors to which the system director is responsible. In addition, the director is typically supported by one or two advisory groups composed of parents and professionals who provide technical assistance.

The management level directly below the overall system director is typically composed of administrative office staff, early childhood education and curriculum supervisors, support service staff, and research staff, if any. The administrative office staff generally perform financial, clerical and purchasing services for the system's sub-centers unless the sub-centers are very large (i.e., more than 100 children). Research staff, educational specialists and support service personnel such as nurses and teacher trainers may act as resource people for all of the centers in the system. Curriculum planning and parent relations are also typically the responsibility of central office personnel. Thus, individual centers are usually staffed only with a center director, teachers and teaching aides, and a cook. Some larger centers also have a housekeeper, parent coordinator and transportation aide.

In some systems, individual centers exchange staff to broaden staff experience, facilitate staff training, and cover absentees. Curriculum materials and light equipment may also be exchanged among centers. Some systems publish newsletters on a regular basis for distribution among their centers.

Child care systems, particularly those with day homes, serve children of varying ages from infancy to adolescence. Infants are most frequently cared for in day homes. Handicapped children are more prevalent in child care systems than in individual centers.

Child care systems are typically associated with umbrella community social service agencies, thus having access to a broad variety of supportive services. Supplemental services offered by the systems in our study included homemaking, parent education and training, consumer education, housing assistance, legal services, family planning, career development, and bilingual education. Evidence from the study indicates that where center staff are extensively involved in providing supplemental services to parents and families, staff/child ratios may be negatively affected. Because of the apparent relationship between favorable staff/child ratios and the quality of child care, child care planners should be alerted to this possibility. On the other hand, involving the whole family can mean more carry-over of the program into the home, more parent participation and possibly more in-kind donations.

Two of the child care systems represent the oldest programs in our study. One system dates back to the 1800's (Springfield), and another began during the Depression (Berkeley). This indicates that system organization has a high potential for longevity, perhaps higher than that of single centers which in this study were typically one to four years old.

The prospective operator of a child care system should carefully examine the demand for child care in his community. Our study provides no evidence regarding an optimum size for systems. However, three of the systems report difficulty in maintaining adequate levels of funding. Thus, sustained funding may possibly present a constraint on system size of which the potential operator should be aware.

Child Care Systems Costs

A budget for the core program in child care systems would be similar to the functional budget for single centers (see Chapter Two). Notable comparisons between single center and system costs are as follows:

1. In systems providing home care, Care and Teaching costs per child are somewhat lower due to the relatively low wages paid to home care mothers.

2. Administrative costs per child, adjusted for the region of the country, appear to be somewhat higher in systems than in single centers.

3. Costs associated with the provision of Supplemental Services are greater in systems than in single centers. Such services are not necessarily more expensive to provide in systems; rather, systems as affiliates of larger multi-service programs tend to spend more on such services.

4. Costs per child of core program services vary widely among the systems in the study. The variation is as great as that for single centers. On the average, there appears to be little difference in per child costs in systems and single centers. No evidence supporting the presence of economies of scale in systems is apparent in this study.

5. Systems in the study were less dependent on donated inputs than single centers.

6. None of the child care systems in this study offered extended health care, whereas eight of the twelve independent pre-school centers were offering such a program. This does not necessarily mean that systems are neglecting the health needs of clients -- such services are generally being provided by other affiliated agencies.

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[1] See Berkeley Case Study.

Home Care

Home care in our study was provided only by systems. However, several single centers were seriously considering or in the process of setting up satellite day homes. Two of the child care systems in the study offered home care services. One of these systems provided only home care services.[1]

In the home care programs, women in private homes take in children part- or full-time during the day. Total number of children in the home, including the women's own children, if any, cannot exceed six. Child placement in day homes is handled by the system's central administrative office which is typically affiliated with a local or regional office of the state Department of Public Welfare. If a regional office is responsible, home care services are usually supervised by traveling counselors.

Generally, the administrative office directly responsible for child care homes has a licensing counselor or applications counselor. This person surveys neighborhoods for demand for home care placement and for suitable provider homes. Applications for both placement and provider homes are reviewed and processed centrally. Local health and fire inspection of applicant homes is also handled by the central administrative office and small grants of $100 to $300 are made available for necessary code improvements and equipment. Prospective provider mothers and their children, if any, must pass health examinations as a prerequisite for day home eligibility.

Central office placement counselors make a concerted effort to place children in day homes near their own, with congenial provider mothers. In one large, inner-city system, the majority of children are placed within three or four blocks of their own homes, and many are placed within their own apartment building. Parents found this feature particularly attractive, remarking that they appreciated having their children in their "own community" and "near home where older brothers and sisters can come after school."[1]

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[1] For a detailed description of this home care system, see the Family Day case study.

In addition to child placement and determination of provider eligibility, the central administrative office usually employs a vocational counselor who coordinates vocational testing, training and placement for career mothers whose children are being cared for in day homes. In some cases, vocational counselors are staff of the child care system. In other instances, such personnel may be on loan from other agencies.

Women receiving Aid to Families With Dependent Children (AFDC) and low-income families are the major users of home care in our survey. A woman may participate in a home care system either as a provider mother or career mother. Frequently, women initially entering the home care system as provider mothers decide to further their careers through training. Career ladders within home care systems have enabled many women to advance within the system, a few of them advancing to top policy-making positions. Other women have advanced their careers by moving outside the system.

Training for provider mothers is conducted by central office staff or special consultants who schedule regular training sessions. In the largest system in our study, training consultants are paid by the local Board of Education to provide both pre-service training and fifteen weekly or bi-weekly in-service training sessions for participating mothers. Mothers receive transportation and babysitting allowances to attend these sessions.

Supervisory personnel from the central office visit day homes regularly for quality control. In one system, visiting supervisors are responsible for ongoing training of provider mothers and frequently take care of children when provider mothers are ill. In addition, they keep records on participating families. These supervisors are the link between the day homes and the system administration, providing adult companionship as well as needed technical assistance.

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[1] See Family Day case study.

In one large child care system, the day homes are organized around local sub-centers. Each sub-center may assume administrative responsibility for twenty to 200 individual homes.

While child care systems typically detail curricula and activities for children in day homes, funding is insufficient for adequate food, materials, equipment and early childhood education training. However, observers of day homes found them to be exceptionally welcoming and children appeared happy and secure.

One difficulty with home care noted by several participants is that of supporting the parent role. Career mothers who leave their children in a child care home during the full working day have expressed an apprehension of losing the primary attachment of their children. Many children appear to become very dependent on their "foster mothers." The home care programs in our study felt that this difficulty could be overcome if additional funds were available to work closely with parents.

Mixed Systems

Staff and parents participating in systems which offer both center and home care for children expressed a clear preference for this type of mixed service. A mixed system clearly provides more options for parents than either center care or home care alone. Mixed child care seems to combine some of the best features of both home and center care: parents are provided with an alternatives for keeping their children close to home, thus reducing transportation problems, while associated centers can provide curricular, materials and equipment support for comprehensive child care.

Mixed Systems Costs

Interest has been generated in home care because it appears to the casual observer to be less expensive than center care. Our data indicated that for sick children, handicapped children, emergency care, children from outlying areas, and especially for infants, this is indeed the case. For pre-schoolers and after-schoolers, however, adequately funded home care is almost as costly as center care. The present apparent disparity in costs appears to be due to payment of wages below federal minimum (in the Northeast, mothers earn 25¢ - $2.00 per hour, with the average at 95¢ an hour; in the South hourly payments are very much lower) and severe underfunding of the educational programs involved. Thus a prospective operator considering provision of home care should not count on saving money except with respect to children with special characteristics, children in outlying areas, and infants.

Constructing a budget for a home care system presents special problems. Our survey included only one example where the costs of home care could be adequately analyzed; the reader is referred to Family Day Care in Volume II. That system has a central office and sub-centers which support the child care homes, and was considered by our observers to be severely underfunded with respect to the educational component and provider-mother salaries. Making allowance for the latter problem by imputing payment of federal minimum wages (see the case study Budget #2), that type of system would allot about half the budget for child care and teaching, a fifth of total resources for administration and another fifth for food and health costs.

The prospective operator who wishes to explore the establishment of a mixed system would make further changes to allow for more adequate center space and education. Such a budget might allot the following percentages to each item (after special allowance is made for supplemental programs):

Child Care and Teaching	50 - 53%
Administration	20 - 23%
Feeding	13 - 15%
Health (depending on other resources)	0 - 2%
Occupancy	11 - 13%

APPENDIX A

WORKING WITH STAFF

APPENDIX A: WORKING WITH STAFF

In day care, much more than in most other human service programs, the quality of the results achieved by a program depends on the quality, behavior, and happiness of its staff. Most day care programs do not use much equipment or many materials in caring for children, and most child development in day care results from personal contact with staff (or other children)--not from toys or books or equipment. This means that the Core Program should treat its staff as its most valuable resource and should work to make sure that staff morale is high and individual staff members are efficiently used.

The first step here is for the center to see to it that all its staff have well-defined jobs, have time enough to do them, and then have some time left over for themselves. In order to define staff jobs, the center director should develop brief but clear job descriptions for all staff. A job description should list all the duties which the staff person is expected to perform and should also say what supervisory staff the person is responsible to. Good job descriptions for staff mean that there is less possibility that they will be called upon to assume more duties than they are capable of, or that one staff member's job will overlap with or conflict with another's. Good job descriptions can also serve as a basis for evaluating staff performance--an aid to ongoing staff development and promotion.

Staff scheduling is also very important to staff morale. The Core Program should recognize that its teaching staff, who spend eight or often nine hours a day in the center, are under fairly constant pressure from children, parents, and other staff. If possible, the teachers' schedules should be arranged so they have at least an hour during the day free and to themselves. In most cases, this can be done by having some staff cover for others during periods of group child activity (such as free play, nap or mealtime).

Another important part of staff scheduling is scheduling staff attendance at the center. For example in ADA 75 center, Core Program has only twelve teaching staff, and if one of them does not show up for work one day, this increases the burden on the others. Many centers in our study handled this by having support staff (the cook or a housekeeper, for example) fill in for absent teachers. This may work for awhile, but soon gets too demanding on the substitute staff. The center's assistant director should recruit a small number of substitute teachers (or housekeeping staff) from the community and have them standing by and available to fill in for absent teaches or support staff.

Good staff communications is the next important thing in working with staff. The center director, assistant director and lead teachers need a regular way in which they can set goals for the center's operation and communicate these to the staff. These supervisors also need a lot of information about how the child care program is working so they can change parts of the overall program to help all children (revise curriculum, get different equipment, assign new staff duties) or can work with staff members to improve the care of individual children who have problems. The other people on the staff need a chance to talk about their jobs in the center, both with their supervisors and with each other.

In the Core Program, much of this communication gets done in a weekly staff meeting which all center staff attend. This meeting can be held in the early morning before the children arrive, or in the late afternoon after they have left. The meeting should have a regular agenda, which might include:

a) announcement of new center policies or procedures by the assistant director;

b) discussion by all staff of current or upcoming problems in the center's operation;

c) discussion by individual staff of problems they are having in their parts of the center's operation, or of ideas they may have to make things work better; and

d) brief talks by various staff members or by visiting speakers on topics of interest to all staff (child development, parent services, community development, etc.)

Good staff supervision is also important to the Core Program. There are two levels of supervision in the program. The first level involves the director and assistant director supervising all the staff (teachers and support staff). The second level is within the teaching staff: the two lead teachers supervise the five other staff under each of them in carrying out the child care program.

At the first level of supervision, the director and the assistant director make sure that the center's policies and procedures, which are set by the board of directors (and the parents' advisory committee, if there is one) are in fact carried out from day to day in the center. These top staff also make sure that any concerns the parents may express about the care of their children are taken care of through the right procedures with staff. Also, the director and her assistant are the ones responsible for maintaining the overall quality of child care in the center; they have to keep informed of the progress each child is making and be sure that all children are getting adequate care.

At the second level of supervision, each of the lead teachers plans for and supervises the performance of the five teachers, assistants and aides under her. The two lead teachers check the daily activity plans of the teachers, make sure that there are enough teaching staff in the center on a given day, request supplies or equipment needed by their classes from the assistant director, help the other teaching staff with classroom problems, meet and talk with parents who want to know how their children are doing, and so forth. The lead teachers also try to see to it that the support staff (the nurse, cook, housekeeper and custodian) work smoothly with their teachers--that equipment gets fixed, the classrooms get cleaned, meals are served on time and easily, and that children receive the medical care they have been advised to get.

The final important area in working with staff in the Core Program is staff development and training. First, the Core Program would like to keep the staff it has for as long as it can. This is true for two reasons: (1) children in the center benefit from having the same staff take care of them over time, and the staff develop an understanding of their children; and (2) the center would like to avoid the costs of staff turnover--costs of recruiting, hiring, and training new staff.

A couple of center practices help reduce staff turnover. One is regular evaluation of staff performance which is clearly related to salary actions. Whether staff are up for salary reviews every six months or once a year, the center director or the assistant director should probably meet with individual staff every three or six months to review how they are doing, how they can improve their performance, or what they feel is keeping them from doing some things well. The basis for these performance reveiws should be the job descriptions for the staff involved (discussed above), which say what the center expects of them, plus the daily observations made by the director or assistant director about how the staff member is performing. The result of one of these meetings should be an agreement with the staff person about the goals he or she should try to achieve by the time of the next review. The next review can then look back and see how successful the individual has been in improving. Good salary increases for staff should be tied to their achieving goals which they have agreed to; likewise, staff who don't get good raises should know the basis on which such decisions are reached and be able to correct things so they can do better next time.

Another center practice which reduces turnover is that of offering all staff a chance for promotion and advancement among the different jobs in the center. Although the Core Program does not have a formal career development program, most staff do,over time, pick up many of the skills of those staff above them simply by working with them on the job. The director or assistant director can help this process along by working informally with individual staff on knowledge or techniques they lack, and by letting staff know that when upper level jobs are open, the center will try to fill them with existing staff.

In addition to reducing staff turnover, the Core Program is also concerned with increasing the quality of the staff it has. This is done through staff training. Full-scale staff training is a supplemental service, but there are a few things the Core Program can do at low cost to train its people.

As each new person joins the staff, he should go through a one-week orientation and training period. As an aid to this training, the center should produce a brief orientation manual describing the center's organization and its staff, how it operates, and several procedures which all staff have to know about (like how to deal with sick children, how to work with parents, how staff are promoted or have salary reviews). In addition to giving new staff this orientation manual and helping them understand it, the center should assign one staff person (perhaps a teacher or lead teacher) to work with the new staff member during his first week. This assignment will cost the center something (since the "helping" staff person will not have full time to devote to her regular duties), but will pay off in the long run in higher new staff morale and efficiency.

There are also several ways the Core Program can foster in-service training for its staff. One way has already been mentioned--bringing outside speakers into the weekly staff meeting to educate staff on, for example, new ideas in child development. Many of the centers in our study also made arrangements with junior colleges or teachers' colleges in their areas to offer credit courses to staff on a part-time basis, or at reduced cost. If the Core Program can afford it, it can also consider giving staff time off with pay once in awhile so they can attend educational seminars or meetings, or conferences of various child development or day care service organizations.

Deploying Staff

Grouping, scheduling and space arrangements govern how staff are to be deployed. In the typical case in which there are about fifteen children in a class with activity areas, one head teacher, an assistant teacher, and an aide, the following is a workable set-up:

One or two teachers are on hand during the first hour of the morning to check the children in. One of the teachers takes attendance. If the center's operating day is longer than eight hours, the staff may arrive and leave on a staggered schedule. During the day, the staff works as a team, sharing most duties. The lead teachers supervise the other teaching staff. Each teacher spends part of the day supervising activity areas during free play. Each is also responsible for one organized activity and for a curriculum project such as putting on a science demonstration, starting an art project or taking some of the children on an outing. Teachers keep track of particular children, watching their progress as individuals, keeping records, and talking to each child individually. Time outside the classroom is set aside for planning sessions, meetings with parents, and for free time off. Volunteers or part-time aides can contribute by relieving the regular teaching staff during these periods. At the end of the day, children are prepared for departure and the staff sees to it that each child is picked up by a parent or other authorized person. One staff member may have to stay late until the last child leaves.

Other kinds of grouping, scheduling and space arrangements require different patterns of staff deployment. With an open floor plan and less formal curriculum, teachers may spend most of the day in one area, working with children who come there, thereby coming into contact with different children every day.

APPENDIX B

CORE PROGRAMS, STAFF DUTIES AND DAILY SCHEDULES FOR CENTER ADA 25

APPENDIX B: CORE PROGRAMS, STAFF DUTIES AND DAILY SCHEDULE FOR CENTER ADA 25

How the Program Operates

Administration--Two staff members share the administrative duties in this center--the director, and the secretary, who works under the director's instructions. Administration is kept fairly simple. Much of it is informal and verbal because of the close working conditions of the staff.

Management--Each teacher manages the day-to-day program in her own classroom. A typical decision, in the case of conflict, might involve deciding where the aide is needed most during a particular portion of a day. The director manages the child care and teaching component, the health, administrative and parent relations components. The cook manages the nutrition area, and the custodian manages maintenance.

A reasonable estimate might be that the director spends 1/8th of her time (at least one hour a day) in management, chiefly in the child care and teaching area. This management consists mainly of the day-to-day supervision of staff. She acts as the resource person and coordinator of all activities in this area, particularly those involving both classes (i. e., field trips). She is kept up-to-date on all significant goings-on.

Child Care and Teaching--Each of the two teachers is in charge of her own classroom. The aide works in either classroom as needed. The teachers are in charge of periodically assessing child progress, and keep anecdotal notes on child progress. In making these assessments, they confer with the assistant teachers. The director, of course, assumes the management function here, due to the small size of the center and the lack of any other supervisory personnel among the teaching staff.

Support Services

Nutrition--The cook carries out the nutrition program, planning and providing one meal and two snacks daily. The aide serves the afternoon snack, which the cook has prepared before going home.

Housekeeping--The custodian has complete charge of maintaining the facilities, keeping them clean, safe and in a state of repair. In the case of specialized repair work (plumbing, wiring, etc.), an outside expert is hired. The custodian reports any problems to the director, who decides how to handle them. Particular attention is given to keeping child areas clean and free of hazards.

Health--The nurse works under directions from the director. The director handles any health issues which might arise in the absence of the nurse. Each teacher gives informal health inspections to her children daily. The nurse answers parents' health questions and, with the director, makes referrals for health care as needed.

Parent Relations

The director handles all parent relations in the admissions phase. This includes interviewing the parents, providing information to them on the center's program and policies, collecting necessary information from the parents (child problems and needs, medical history, emergency and field trip sign-offs, information on how to reach the parents, etc.).

Once the decision to admit a child has been made, a starting date and a fee must be determined (based on a sliding scale). If the center cannot accept a child, he may be referred to another program or placed on the waiting list.

After admission, teachers take over the day-to-day parent relations. The director continues to oversee the entire operation (management) and to exchange information with the teachers. She is still very much involved with the parents and available to them; however, the teachers take over the daily functions since they are the most familiar with the individual children. The director continues to be up-to-date on all concerns of parents, and is still responsible for all parent relations having to do with broad policy issues which are not in the teachers' realm of authority. She would, for example, deal with a parent's questions about center policy.

The specific parent relations for which teachers are responsible include: exchanging information with parents concerning individual child progress, greeting parents as they enter the center daily, seeing that parents sign their children in and out, calling parents when a child is absent or when a child becomes sick at the center, answering parents' questions, acting on parent concerns. In all cases, any significant information is relayed to the director. Due to the staggered shifts, assistant teachers will also be involved, to some degree, in day-to-day parent contacts.

The collection of fees from parents is handled by the secretary, under the direction of the director. The secretary is not involved in the setting of fees or other related policy or personal issues.

Staff Roles and Responsibilities

Director--The director coordinates the overall program and is the key person in charge of administration and all other areas. She carries out the following activities:

- together with the policymaking structure, formulates policy, both long-range and day-to-day
- acts as the resource person in the child care and teaching area--supervises activities in the classroom, etc.
- shares the parent relations function with the teaching staff, due to the limited size of the parent body, is able to keep up-to-date on goings-on in classroom and children's homes
- heads up the health component (management), since the nurse spends her limited time actually working with the children and staff and making minor record notations
- coordinates record-keeping and delegates certain of these tasks to the nurse and the secretary
- is in charge of purchasing according to the requests of teaching and support staff for supplies and equipment, and with her own perceptions of need; delegates actual ordering or purchasing to the secretary
- is in charge of pre-admission parent relations, and oversees ongoing parent relations
- is in charge of overall staff matters: supervision, scheduling, hiring, evaluation, firing and salaries
- is in charge of all financial and budgetary matters (working under the overall budgetary control of the policymaking structure). Prepares center budget for approval, keeps center books, pays staff, approves expenditures, and raises funds in the community and elsewhere. She is assisted in this by the members of the governing board

- acts as information source and public relations to interested persons--visitors, potential clients, etc. This includes community relations, which in this center are limited and informal
- mobilizes resources (includes donated money, equipment and time, and community resources found in other agencies or groups which may offer services to the center). Developes linkages with community agencies which involve an understanding that the two will cooperate (e. g. a public health clinic which agrees to treat children)
- coordinates overall program planning for all aspects of the program
- works a minimum of 40 hours a week (most directors in our study worked 45-50 hours a week in the center). In order to be accessible to parents, it is important that she be in the center at the beginning and the end of the day as often as possible
- provides orientation and in-service training to teaching staff

Secretary--Her main duties involve typing, filing, collecting fees, keeping records of fees collected, updating records, and assisting with purchasing, etc. She works strictly under the direction of the director, in no way involving herself in decisions of policy. She does not work with confidential information. Her job is to relieve the director of time-consuming administrative and parent relations duties which can be shouldered by someone with less responsibility than the director. She does not keep the center books, and, in fact, is not a bookkeeper.

Her qualifications chiefly include some simple secretarial skills such as typing, and the ability to follow instructions closely. While her duties do not call for her to work directly with the children, she should be able to work well in one component of a child-centered program.

She works 10 hours a week, perhaps best arranged as one morning and two afternoons per week. Since one of her main duties is the collection of fees from parents, she should be in the center at times accessible to the parents.

Teachers--A teacher's activities vary. Teachers:

- have primary responsibility for lesson planning and for implementing these plans
- are in charge of management for their part of child care and teaching, supervising assistant teachers and aides
- check supplies and equipment and request needed items from the director
- handle ongoing parent relations, under the supervision of the director, and meet with individual parents periodically to report on child progress. They discuss concerns with parents and act on these concerns. They call to check on absent children
- maintain informal anecdotal records of child achievement and progress
- maintain daily attendance records and daily sign-in sheets for parents
- are responsible for knowing the whereabouts of children
- are responsible for all activities of child care and teaching

Assistant Teachers

- assist the teacher in carrying out their plans for the care and teaching of the child
- assist with parent relations

- take over the responsibilities of the classroom in the absence of the teacher
- contribute to the program through suggestions

The teaching staff is divided between two rooms, with one teacher and one assistant teacher per room. The aide works in either of the classrooms as needed. Some time is spent outside the classrooms as duties call her to the kitchen or to the isolation room with a sick child.

The teaching staff arrives and departs on a staggered shift basis. In some of the centers we looked at, teachers rotated these shifts. In a center this small, the shifts will probably be determined through a combination of staff preference and need, and center needs.

Aide

- helps out in the classrooms or on field trips as needed
- substitutes for absent teacher or assistant teacher in times of sickness, vacation or absence
- performs duties which might otherwise take the teacher out of the classroom
- gathers laundry once a week and readies it for pick-up
- stays with a sick child if that child is in isolation waiting to be picked up by his parents (this does not apply to an extremely sick child)
- does light housekeeping--straightens up, mops up spills, etc. Helps set up and put away special equipment. Does not do things the children are supposed to do themselves, as an aid to self-reliance
- carries food between the kitchen and the classroom
- serves the afternoon snack after the cook goes home

Cook

- works 20 hours a week, from 9:30 a. m. to 1:30 p. m. daily (This position might be suitable for a woman with school age children.) Must be capable of planning an adequate, well-balanced nutrition program and implementing this program

- confers with community resource people from time to time on dietary matters

- plans menus in advance

- keeps track of needs in equipment, supplies and food (this includes paper meal service, if used) and requests additional items as needed

- prepares two snacks and one lunch daily

- cleans up after morning snack and lunch--does not do heavy cleaning

Custodian

- works 10 hours a week; works two hours each evening after the center closes; hours are flexible

- does all heavy cleaning and maintenance work at the center

- washes floors, bathrooms, kitchen, etc. every night

- repairs equipment and maintains facilities. Does not do specialized work such as plumbing and wiring

- is in charge of trash removal

- notifies director of any problems he has noted

Nurse

- works one morning a week (4 hours)

- checks to make sure all children have had their pre-admission and annual medical and dental check-ups, as well as necessary inoculations and immunizations

- arranges for children to have the above care if needed
- instructs the staff in first aid and emergency procedures
- gives the children brief health checks for signs of illness
- answers parents' questions on child health
- gives emergency care when present
- weighs and measures all children periodically, and keeps records of each child's progress
- confers with director on child health problems

Staff Deployment

The director and the secretary work chiefly in the administrative office. They both have contact with parents. The cook is solely in charge of the nutrition program. The nurse shares the responsibility for the health program with the director. The custodian works in the evenings, after the center closes.

The sample schedule which follows can be used as a base upon which to build. Both teachers are scheduled to arrive in advance of the "structured activities" period. The position of aide is one which may often be held by someone who is young or inexperienced. For these reasons, it is arranged that she is not left alone with the children at the beginning or end of the day, in case of emergency or other unusual situation.

The schedule of staff is related, to a large degree, on the schedule of arrival and departure of the children. Our designs assume an average length of stay of 8.4 hours for a child. In this sample schedule it was assumed that (as is usually the case) the children would arrive and depart gradually, with the majority in the center from about 8:30 - 5:00. If this were not the case, staff schedules would be changed.

ADA 25

Staff Schedule ADA 25*

7:30 Teacher "A" arrives.

8:00 Nurse arrives.

8:30 Assistant Teacher "C" and Teacher "B" arrive.

9:00 Aide arrives.

9:30 Assistant Teacher "D" arrives.
Cook arrives.

12:00 Nurse goes home.

1:00 Teacher "A" and Assistant Teacher "C" leave on break.

1:30 Cook goes home.

1:45 Teacher "A" and Assistant Teacher "C" return from break
Teacher "B" and Assistant Teacher "D" and Aide leave on break.

2:30 Teacher "B" and Assistant Teacher "D" and Aide return from break.

3:30 Teacher "A" goes home.

4:30 Assistant Teacher "C" and Teacher "B" go home.

5:00 Aide goes home.

5:30 Center closes. Assistant Teacher "D" goes home. Custodian arrives.

7:30 Custodian goes home.

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* The schedules of the director and secretary remain flexible. The director will probably be in the center during the majority of its operating hours. She may go in and out during the day. The nurse should be in-center for 4 hours, one morning/week. (This might best be 8:00 a.m. - 12:00 noon, which the children are awake, and one afternoon/week, again at times accessible to parents.) The secretary works one morning.

APPENDIX C

CORE PROGRAMS, STAFF DUTIES AND DAILY SCHEDULES FOR CENTER ADA 50

APPENDIX C: CORE PROGRAMS, STAFF DUTIES AND DAILY SCHEDULES FOR CENTER ADA 50

How the Program Operates

Administration -- The number of administrative activities for this center has increased from ADA 25. This increase is handled by the addition of a full-time administrative assistant, in place of the secretary, to help the director with this function. The director is still in charge of administration, however. The administrative assistant takes over all the duties assigned to the secretary and quite a few of those of the director in ADA 25. Some of the activities which the administrative assistant takes from the director are publicity, handling information, information source for callers and visitors, purchasing, scheduling appointments, payroll, scheduling needed repairs, deliveries, etc. While these duties involve her in a position of more responsibility and authority than the secretary, she does not become involved in overall policymaking, budgeting, personnel development and any activities which might take her out of the center. These areas of activity remain with the director.

The increase in size is reflected in increased administrative demands. The number of people to be dealt with increases - children, parents, staff, and outside contacts. Communication and record-keeping become more complex, and paperwork increases. We see a trend toward a division of responsibility, and a resulting specialization in administrative staff.

The director is still responsible for staff training, although she sometimes asks the head teacher to contribute here.

Management -- In this design, most management duties are transferred from the director to the head teacher. The latter may expect to spend an average of one quarter of her time, or 2 hours a day, in these activities (or twice what the director in ADA 25 spent, in accordance with twice the number of classes and teaching staff). She restricts her management tasks to child care and teaching. The director is still responsible for the management of the other program components.

Child Care and Teaching -- This aspect of the program remains virtually the same as it was in the previous design. The number of classes doubles, thus becoming four classes: two classes of ten children, and two classes of 15. Once again, the younger children are placed in the smaller classes. Here, there may be finer age or maturity cut-off points for each class.

Support Services

Nutrition -- The nutrition program remains the same, and is carried out by the cook. The cook now works five and a half hours a day instead of four, in allowance for the extra time involved in cooking for 50 instead of 25. Additional time may now be required for conferring with the nurse or parents as individual concerns arise.

Housekeeping -- The custodian fills the same housekeeping and maintenance role he did in ADA 25. For this job, he is allotted 3 hours a day instead of 2, as a result of the increased child facilities and the increased possibility of the need for repairs of various sorts.

Health -- The nurse continues to perform the primary role here, but is allotted two mornings a week instead of one, because the number of children has doubled. Her responsibilities remain the same. The administrative assistant, however, relieves the director of most of her health-related duties. She helps schedule appointments, helps out in the nurse's absence, etc. Teachers continue to give daily health inspections in the nurse's absence.

Parent Relations

The director continues to perform the parent relations activities related to admission. She also continues to handle parent group activities, and certain contacts which are not child-specific or related to particular classroom concerns. Referrals of parents to social services is done by the director, with some assistance from the nurse. These referrals are made as needed or requested; no extensive follow-up is provided, however. All the preceding areas of parent relations have grown from ADA 25, because the size of the parent body has doubled. Teachers continue to handle routine, daily parent contacts. Each teacher is still responsible for the same number of parents, so her work load remains the same. The administrative assistant assumes the secretary's job of fee-collection, but her other contact with parents is minimal.

Staff Roles and Responsibilities.

Director -- In the center design of ADA 50, some interesting changes arise. As the number of children, parents and staff grow, the director is no longer able to cope adequately with the diverse responsibilities that were hers in ADA 25. It becomes harder for her to keep track of all that happens in each class and in each child's life. So some of her duties are placed with others. We see the appearance of a head teacher, who relieves the director of most of her management duties for child care and teaching in the four classrooms. A full-time administrative assistant emerges in place of the secretary to perform both the functions of the secretary and some of the administrative duties previously assigned to the director. This frees the director from some of her in-center duties.

Life in this "growing" design, out of necessity, becomes slightly less informal. There is more paperwork, more need for contact with outside agencies, more funds must be raised, there is more admissions work, more of many kinds of administrative activities.

As the director's role becomes less diverse, the qualifications for her job change. Although she is still a key figure in policymaking, her involvement as a resource person to the child care and teaching staff diminishes. This role begins to be transferred to the head teacher.

In choosing a director, we begin to look less for a "jack-of-all-trades" who can function in the classroom, assist in lesson-planning, perform secretarial duties, etc., and more for an able overall administrator capable of allocating tasks and working effectively in the community with a variety of people.

Administrative Assistant -- The administrative assistant takes on the duties of the secretary in the ADA 25 design. In addition, she relieves the director of other administrative duties which often involve more responsibility than was placed with the secretary. Some of her activities are those of an office manager - she is in charge of all purchasing under the director's guidance, keeping the center books, and so forth. As the director becomes increasingly involved in activities outside the center, she acts as her stand-in, to a limited degree and with a limited range of authority. Her duties revolve chiefly around administrative activities, though. She is not directly involved in the child care and teaching component, for example.

Head Teacher -- The head teacher here performs the same duties as the teacher in ADA 25, with a few additions. Here she relieves the director of the majority of her management responsibilities for child care and teaching. (As the director's other responsibilities increase as the center size grows, she spends less time in direct daily involvement with child care and teaching.) This means that the head teacher's management role involves her in planning, organization, supervision and evaluation - on a day-to-day basis - of the child care and teaching going on in all four classrooms (including her own). She might be expected to spend one quarter of her time, or 2 hours a day, on management activities. These duties will call for her to be out of her classroom more often than if she were a regular teacher. She becomes the focal point of the teaching staff. During her absences, one of the aides will work in her classroom under the direction of the assistant teacher. These absences will usually be brief, and may only be interruptions as another teacher enters the room to speak with her. She will need to plan and coordinate her activities well so that her child-related activities do not suffer.

Teacher -- The teacher's duties in this center design remain the same as for ADA 25.

Assistant Teacher -- The assistant teacher's duties in this design remain the same as in ADA 25. The assistant teacher in the head teacher's classroom will have more responsibilities for heading up classroom activities than the other assistant teachers.

Aide -- The duties of the aide remain the same as in ADA 25. One of the aides will probably spend more time in the head teacher's classroom than the others, due to the increased management responsibilities of the head teacher.

Cook -- The cook has the same responsibilities as in the ADA 25 design. She works five and a half hours a day instead of four to allow for any additional time needed in serving 25 more children. Her working day may be extended to 2:30 p.m., thus allowing her to prepare the snack just before it is served, and to confer with other staff members during this period instead of before lunch.

Custodian -- Again, his responsibilities are those found in ADA 25. Here he works 15 hours a week instead of ten. The size of the center has increased, though it has not doubled. The increased size is chiefly in the child areas, and this is where the largest share of his responsibilities lie. Thus, he performs the same duties, but has more ground to cover and more time in which to cover it.

Nurse -- The nurse in this center works two mornings a week instead of one (as in ADA 25). This is fitting, since she has twice the number of children to care for (and twice the number of parents to deal with). These mornings might best be scheduled at the beginning and end of the week. Her duties remain the same, and she provides the same care to the children as she did in ADA 25.

Staff Deployment

The director works in the administrative offices and outside the center. Her hours are similar to those shown in ADA 25. She probably schedules her time so that the administrative assistant is in the office during her absence. The administrative assistant works 40 hours a week. Possible hours for her might be 8 - 4 p.m. or 7:30 - 3:30 p.m., allowing her contact with parents for fee-collection. The nurse works two mornings a week, probably from 8 a.m. to noon. Reasonable hours for the cook would be 9:30 - 3:00 p.m. The custodian works 3 hours a day, probably 5:30 - 8:30 p.m., or whatever best suits him and the center.

All members of the teaching staff (10) are in the center eight hours a day and arrive and depart on staggered schedules. One teacher and one assistant teacher are in charge of each classroom (with the exception of the head teacher and her assistant teacher in one class). Two aides divide their time among the four classes, although one aide may spend more time in the head teacher's class. In arranging the schedules, it should be kept in mind that different staff members may be involved in early morning and later afternoon activities. Thus, they will need time to get set up and briefed on any events of the morning or previous afternoon. At least one teacher or assistant teacher should be with the children at all times. This is especially important at the beginning and end of the day. An aide is likely to be young and/or inexperienced and/or new in the center. Therefore, she might not be equipped to handle an unusual situation or an emergency should she be left alone with the children at the end of the day.

A possible schedule for all staff is shown in the next page. The teaching staff are scheduled so that the head teacher is available to supervise and help at the beginning of the day, especially well in advance of structured activities. The teachers should also be in the center in time for structured activities, or before, if possible. The aides are scheduled so there is always at least one aide in the center at all times. This scheduling is not necessarily the best for all centers. It assumes a gradual arrival and staggered departure of children. (Our center assumes that the average number of hours each child spend in the center daily is about eight and a half.) For this reason, the schedule presented is flexible, subject to change if the child attendance patterns call for it. (If, for example, most of the 50 children arrived by 8 a.m., more teachers would be needed on the early shift.)

Breaks for full-time staff can be worked out along the lines of the pattern shown in ADA 25. Those staff members who arrive at the center first should receive the earliest break, if at all possible. Nap-time is usually considered the ideal time for teaching staff breaks. Exceptions are made at the time of staff meetings.

Staff Schedule - ADA 50*

7:30	Teacher A and Aide H arrive
8:00	Head teacher and Administrative Assistant and nurse arrive
8:30	Teachers B and C and Assistant Teachers D and E arrive
9:00	Assistant Teacher F arrives
9:30	Assistant Teacher G and Aide I arrive; cook arrives
12 noon	Nurse departs
3:00	Cook departs
3:30	Teacher A and Aide H depart
4:00	Head Teacher departs and Administrative Assistant departs
4:00	Teachers B and C and Assistant Teachers D and E depart
5:00	Assistant Teacher F departs
5:30	Assistant Teacher H and Aide I depart Custodian arrives
8:30	Custodian departs.

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* The Director works a minimum of eight hours per day. The time during which she is required to be in the center is left flexible here.

APPENDIX D

CORE PROGRAMS, STAFF DUTIES AND DAILY SCHEDULES FOR CENTER ADA 75

APPENDIX D: CORE PROGRAM, STAFF DUTIES AND DAILY SCHEDULES FOR CENTER ADA 75

How the Program Operates

Administration -- The activities performed here remain the same as in the two previous design. The difference is that, due to growth, some things become more complex and require more time and effort to perform. The director is still the overall administrator, dealing with all policy-making, budgetary matters, hiring, firing, staff salaries and working with the board. In addition, she remains the chief link to outside agencies for mobilization of resources and sponsorship.

The assistant director, however, takes on a secondary administrative role, relieving the director of much of the burden of staff training, and shouldering the responsibility for purchasing (using the director's guidelines). She is also the director's stand-in as head of the center when the director is unavailable. She does not, however, make decisions with long-range implications, or participate in policymaking (other than to serve, with other staff members, in an advisory capacity). Her advisory capacity here is chiefly in the area of child care and teaching.

The secretary-bookkeeper handles administration which can be delegated to a person of lesser responsibility and decision-making authority. She acts solely on the instructions of either the director or the assistant director, in addition to keeping the center books and answering the phone. She may assist with scheduling appointments, and so on, as needed.

Management -- Most of the management tasks fall to the assistant director in this design. She may expect to spend three-eighths of her time (3 hours a day) on these activities. This represents a proportionate increase in time spent on management as the designs grow. In ADA 25, the director spent one-eighth of her time; in ADA 50 the head teacher spent one-quarter. These increases are proportionate to the increase in child average daily attendance or number of classes, since this is the area in which most management takes place. The director still has a small role in management. With the growth in size, however, she spends more and more of her time in overall administration and policymaking.

Child Care and Teaching -- These activities are the same as in ADA 25 and 50. There are now six classes of children, so a finer breakdown by age or maturity is possible.

Support Services -- Nutrition, housekeeping and health activities are unchanged. The nurse and the custodian are each allowed more time for their duties.

Parent Relations -- The teachers' role in parent relations remains the same - day-to-day contacts, child progress reports, etc. While the director retains her role in this area, the assistant director shares many of the tasks with her.

Staff Roles and Responsibilities

Director -- The duties this director performs are the same as in the previous two designs. No new responsibilities have been added. These duties have grown, however, as child enrollment and staff roster have grown. It was thus necessary to allocate some of her duties to other staff members. So we find the director in this design doing fewer types of activities than the previous directors, but more of each type.

Duties which were the director's lot in ADA 25, and the administrative assistant's in ADA 50, are divided between the secretary-bookkeeper and the assistant director. The director has not been given additional duties, but simply places some of her responsibilities in the hands of the assistant director.

The director remains the chief administrator and manager, still responsible for policymaking, working with the board, etc. While the assistant director may assist with admissions procedures, the primary responsibility here remains with the director.

Assistant Director -- This new position is interesting in that it combines some of the duties which previously belonged to the head teacher (ADA 50) and the director (ADA 25) with some duties that belonged to the administrative assistant (ADA 50) and the director (ADA 25), all in one job role. This assistant director's responsibilities lie now in management (chiefly in child care and teaching) and administration of a more responsible nature than that held by the administrative assistant. (She might reasonably expect to spend three-eighths of her time, or 3 hours a day, in management activities.) This new staff member performs all the management duties in the area of child care and teaching which the head teacher previously performed. In this role, she leans on her knowledge of and/or experience with child development. She manages the day-to-day program in the six classes of children. In addition to this, she helps the director manage the other components. She stands in for the director when the director is out of the center or occupied with other matters. She also takes on the responsibility for all purchasing, under the director's guidance. She relieves the director of her role in the health area. She becomes attuned to the daily goings-on in the center, and is available to all staff and parents when needed. We envision her, in part, as the secondary administrator and manager who (in addition to duties of her own) takes on some of the director's duties from time to time, as the need arises. She takes a major role in staff training, but the director still oversees this activity.

Secretary-Bookkeeper -- This new staff member works full-time and takes on all of the duties of the secretary in ADA 25 and some of the duties of the administrative assistant in ADA 50. She does not have as much responsibility as the administrative assistant; she does no management and does not stand in for the director in any matters. Some of her duties include fee-collection, keeping the center books in order, all secretarial work (typing, filing, etc.), answering the phone, scheduling appointments, and so on. She works under the instructions of the director and the assistant director. She does not assist in policymaking or any of the other long-range administrative duties.

Teacher -- The teacher's role remains the same as it was in ADA 25 and ADA 50.

Assistant Teacher -- The assistant teacher's role remains the same as it was in ADA 25 and ADA 50.

Aide -- The aide's role remains the same. It is no longer necessary for one aide to spend more time proportionately in one classroom (as she did in the head teacher's classroom). Since one aide cannot easily keep track of the activities in all 6 classrooms, and cannot be familiar with all 75 children (and vice versa), there will probably emerge a trend for each aide to work, for the most part, with two particular classrooms. In cases of teaching staff absence, field trips, etc., the aides will work where needed most. The assistant director decides where aides should work.

Cook -- The cook's duties remain the same as they were in the two previous designs. The only difference is that she now is cooking for 75 children. Her time allotment (five-and-one-half hours a day) remains the same as it was in ADA 50, based on the premise that it is about the same amount of work to cook for 75 children as it is for 50. Note that her working hours per day were jumped from four to five-and-one-half when ADA increased from 25 to 50, since this involved a doubling of size, and a change from small-scale cooking to a comparatively larger scale.

Custodian -- The custodian's responsibilities remain the same as in the two previous designs. His working hours per day have increased from 2 (ADA 25), to 3 (ADA 50), to four in this design. This is because he now has a considerably larger physical facility (including more toys, equipment, etc.) to clean and maintain.

Nurse -- The nurse's duties remain the same as they were in the two previous designs, too. She now works three mornings a week, a time increase proportionate to the rise in the number of children. A good arrangement might be for her to come in on Mondays, Wednesdays and Fridays, thus seeing the children every other day and minimizing the amount of time between her visits. The health services to the children remain the same; however, the chance of having a sick child in the center increases considerably.

Staff Deployment

The teaching and support staff are deployed in the previous manner. The nurse now works three mornings a week, and the custodian four hours a day. The director works primarily in the office and outside the center. The assistant director works within the center, in the office or visiting classes, etc. The secretary-bookkeeper works in the office.

A reasonable staff schedule can be worked out based on those suggested for the previous two designs, and keeping in mind certain factors. The schedule should allow for either the director or the assistant director to be in the center at all times.

Staff Schedule - ADA 75*

7:30	Teachers A and B and Aide M arrive
8:00	Secretary/Bookkeeper, nurse and Teachers C and D arrive
8:30	Teachers E and F and Assistant Teachers G and H and Aide N arrive
9:00	Assistant Teachers I and J arrive
9:30	Assistant Teachers K and L, Aide O and Cook arrive
12 noon	Nurse departs
3:00	Cook departs
3:30	Teachers A and B and Aide M depart
4:00	Secretary/Bookkeeper, Teachers C and D depart
4:30	Teachers E and F and Assistant Teachers G and H and Aide N depart
5:00	Assistant Teachers I and J depart
5:30	Assistant Teachers K and L and Aide O depart Custodian arrives
9:30	Custodian departs.

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* The Director and the Assistant Director each work a minimum of eight hours a day. The time during which they are required to be in the center is left flexible here.

APPENDIX E

ADJUSTING THE MODEL BUDGET FOR REGIONS

APPENDIX E: ADJUSTING THE MODEL BUDGET FOR REGIONS

General Considerations

The model budgets presented in Chapter II are based on average 1970 costs in the centers studied. Some of the costs presented vary considerably over the United States, and will vary as costs rise over the years. Therefore, the operator must adjust the figures in the model budgets to fit his particular situation.

Salary Adjustment

Table I gives factors to adjust the salaries for the state in which a center is located. To adjust salries in 1970 dollars all one must do is to multiply the salaries presented in the model budget by the factor presented in Table I.[1] Thus an operator in Mississippi desiring to operate a center of ADA 25 would multiply the personnel costs presented in the model budget for ADA 25 by .637 (the factor given for Mississippi). For instance, the teachers' salaries in the model budget are $6,000 per year. To adjust for Mississippi, we would multiply $6,000 x .637 = $3,822.

In addition, operators should review the employment market in their areas. Centers in urban areas tend to pay higher salaries than those in rural areas. Experienced persons earn more than inexperienced. Provision should be made for merit raises, etc. Costs have been steadily rising. To adjust for rising costs, two rules of thumb may be used. The simplest is to multiply the 1970 estimates by some inflation factor, say 3 or 4 percent per year. An alternative which would be somewhat better is presented below.

Yearly, the National Education Association publishes a document entitled Ranking of the States. In that document are tables of estimated salaries in public schools. Included are average salaries of instructional staff in each state as a percent of national average.

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[1] For the interested party these factors are derived as follows. The day care center salaries presented are estimated to be 106% of their probable value in an "average" U.S. center. This factor was applied to the percentages presented in Table II.

Table II presents these percentages for 1969 - 1970. The percentages for a state divided by 106 would give a factor to correct the model budget both for state and for year. So, for example, for Mississippi in 1970 the percent in Table II is 67.5; dividing by 106 gives .637, the factor for Mississippi in Table I.

Other Costs

Costs for the other parts of the model budget should also be adjusted. Unfortunately, we cannot present regional factors to apply to these other costs. The operator must therefore make his own judgment as to how much food, space and equipment costs will vary from the model. The percentages in the functional budget summary will provide a coarse check on these estimates.

TABLE I - STATE FACTORS[1]

	State	Factor
1.	Alaska	1.165
2.	California	1.139
3.	New York	1.081
4.	Michigan	1.074
5.	Illinois	1.055
6.	Maryland	1.048
7.	Nevada	1.019
8.	Hawaii	1.018
9.	Indiana	1.015
10.	New Jersey	1.007
	Washington	1.007
12.	Connecticut	0.996
13.	Delaware	0.986
14.	Oregon	0.975
15.	Massachusetts	0.973
16.	Wisconsin	0.970
17.	Pennsylvania	0.954
18.	Arizona	0.951
19.	Rhode Island	0.943
20.	Iowa	0.940
21.	Minnesota	0.925
22.	Florida	0.911
	Ohio	0.911
24.	Wyoming	0.905
25.	Vermont	0.869
26.	Virginia	0.869
27.	New Mexico	0.861
28.	Missouri	0.858
29.	Maine	0.854
30.	New Hampshire	0.850
31.	Utah	0.844
32.	Montana	0.842
33.	Colorado	0.838
34.	Nebraska	0.832
	West Virginia	0.832
36.	Kansas	0.828
37.	North Carolina	0.821
38.	Texas	0.795
39.	Kentucky	0.790
40.	Georgia	0.781

Table I - State Factors - continued

	State	Factor
41.	Tennessee	0.773
42.	Louisiana	0.765
43.	Oklahoma	0.757
44.	Idaho	0.751
45.	South Carolina	0.742
46.	Alabama	0.737
47.	North Dakota	0.731
48.	South Dakota	0.710
49.	Arkansas	0.683
50.	Mississippi	0.637

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1. The factors are derived from Table II.

TABLE II[1]

ESTIMATED AVERAGE SALARIES OF INSTRUCTIONAL STAFF AS PERCENT OF NATIONAL AVERAGE 1969 - 1970.

	State	Percent
1.	Alaska	123.5
2.	California	120.7
3.	New York	114.6
4.	Michigan	113.8
5.	Illinois	111.8
6.	Maryland	111.1
7.	Nevada	108.0
8.	Hawaii	107.9
9.	Indiana	107.6
10.	New Jersey	106.7
	Washington	106.7
12.	Connecticut	105.6
13.	Dalaware	104.5
14.	Oregon	103.4
15.	Massachusetts	103.1
16.	Wisconsin	102.8
17.	Pennsylvania	101.1
18.	Arizona	100.8
19.	Rhode Island	100.0
20.	Iowa	99.6
21.	Minnesota	98.0
22.	Florida	96.6
	Ohio	96.6
24.	Wyoming	95.9
25.	Vermont	92.4
26.	Virginia	92.1
27.	New Mexico	91.3
28.	Missouri	90.9
29.	Maine	90.5
30.	New Hampshire	90.1
31.	Utah	89.5
32.	Montana	89.3
33.	Colorado	88.8
34.	Nebraska	88.2
	West Virginia	88.2
36.	Kansas	87.8
37.	North Carolina	87.0
38.	Texas	84.3
39.	Kentucky	83.7
40.	Georgia	82.8

Table II - Estimated Average Salaries of Instructional Staff as Percent of National Average - 1969-1970. Continued

	State	Percent
41.	Tennessee	81.9
42.	Louisiana	81.1
43.	Oklahoma	80.2
44.	Idaho	79.6
45.	South Carolina	78.6
46.	Alabama	78.1
47.	North Dakota	77.5
48.	South Dakota	75.3
49.	Arkansas	72.4
50.	Mississippi	67.5

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1. The source is page 24, column #43, of the booklet: Rankings of the States, 1970, National Education Association, Research Report, 1970 - R1, Copyright, 1970, Washington, D.C.